



Family Evaluation Criteria

Anniversary Date of the Program: _____

Name of Program: _____

Name of Provider: _____

Provider Number: _____ Location Number: _____

Name of Technical Consultant: _____

Name of Rater (if applicable): _____

2019 / 2020

NOTE: Important YoungStar Changes For 2019/2020

1. The **REQUIRED** items have been moved to the front of the document followed by the **OPTIONAL** items.
2. Registry Level 6 has been added to the Educational Qualifications Component.
3. A Companion Guidance Document has been created for additional information.

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YoungStar Evaluation Criteria

Family Child Care¹

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

The components that will be evaluated are listed below.

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

A. Education of Provider

The provider will receive credit for the highest education level attained in each table. Points are not cumulative.

Registry Level 6 includes completion of one of the following 3-credit courses:

- Child Development Course
- Health Safety and Nutrition Course
- Foundations of Early Childhood Course
- Infant/Toddler Development Course
- Child Psychology Course

OR a 3-credit course from the one of the following credentials:

- Family Child Care Credential,
- Infant/Toddler credential,
- Preschool Credential, or
- Afterschool and Youth Development Credential

Important Note: the information below does not reflect requirements for licensing. The individual serving in a position must minimally meet licensing requirements for that position.

A.1 Provider Qualifications

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

¹ This track includes licensed family, certified family, and provisionally certified family providers serving children from birth through age 12.
10/1/2018

B. Learning Environment and Curriculum

Learning Environment and Curriculum: **REQUIRED** Points

QUALITY INDICATOR

B.1.1 -2 Self-Assessment and Quality Improvement Plan

Required for 3, 4, and 5 Stars

POINTS AVAILABLE: 0

Program has documented use of a self-assessment process for quality improvement within the last 12 months using Environment Rating Scales, accreditation self-study or other approved methods. The program cannot use the YoungStar Evaluation Criteria or the rating results from the previous year as their self-assessment, but the program can use the results to inform the QIP.

A Quality Improvement Plan (QIP) is developed based upon a self-assessment, using the quality improvement self-assessment process. The QIP must be completed in each rating year.

VERIFICATION

SELF-ASSESSMENT - The Consultant 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. 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.

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

B.1.1 -2 Self-Assessment and Quality Improvement Plan

Indicator Met: Yes Not Met

Self-assessment used: _____

Date of self-assessment: _____

Who completed the self-assessment? _____

Did at least 75% of Staff (if applicable) and the Provider review and contribute to the self-assessment?

Yes No

Comments/areas for future work on self-assessment:

Date of QIP: _____

Who completed the QIP? _____

What goals have been identified for quality improvement (list three)? NOTE: List does not include the Healthy Nutrition and Physical Activity goals. The goals should be listed separately.

1. _____

2. _____

3. _____

Comments/areas for future work on QIP:

QUALITY INDICATOR

B.1.3 Developmentally Appropriate Environment, Incorporating Wisconsin Model Early Learning (WMELS) Standards and/or School-Age Curricular Framework (SACF) Required for 3, 4, and 5 Stars

POINTS AVAILABLE: 1

For 1 point

Exploration and play for children is supported by the environment. Learning occurs best when opportunities are created in natural and authentic contexts. Children are provided with opportunities to explore and apply new skills through a balance of child-initiated and provider-initiated activities. Children are offered different types of play and learning experiences to choose from, during which time positive interactions amongst peers and providers are occurring. Children gain the most benefit from playful learning experiences and materials when positive relationships are at the foundation of teaching.

1. Provider offers developmentally appropriate activities/experiences that are engaging, comforting, culturally sensitive and compassionate.

All of the following elements must be observed:

- All provider/child interactions must be positive or neutral at best.
- Provider and children appear to enjoy being with each other and demonstrate respect for one another.
- Provider uses communication that is developmentally appropriate, and have developmentally appropriate expectations for children's behavior.

At least two of these additional practices must be observed:

- Provider is usually in close physical proximity with the children and often uses communication to expand on children's experiences and activities.
- Opportunities are intentionally created for peer interaction. All children are encouraged to engage in peer interaction to the extent that is appropriate for each child.
- Provider is observed having turn-taking conversations with most children and asking follow-up questions in a neutral or pleasant tone of voice.
- Provider offers at least one adult-initiated receptive language activity each day (e.g. reading a book to children, storytelling, etc.)

2. The environment **includes at least five defined interest centers/areas** that are developmentally appropriate and reflect either the WMELS' five domains or the SACF's nine content areas.

All of the following elements must be observed:

- Environment includes five defined interest centers/areas that cover all five WMELS domains or all nine SACF content areas.
- All materials must be developmentally appropriate and the program must have:
 - at least one book for each child allowed to attend at any given time,
 - at least six different types of fine motor materials;
 - at least six different types of art materials (for programs with all children age 12 months or older);
 - at least two sets of 10 – 20 blocks (for programs with children ages 12 months or older);
 - at least five different examples of dramatic play materials; and
 - at least six different types of materials that support math/number development.
- Materials and/or experiences in at least three centers/areas must offer children varied levels of difficulty and/or address the use for different learning styles.

- Materials in the interest centers must be considered easily accessible, meaning that children can reach and use furnishings, equipment, and materials independently.
- The daily schedule must include a minimum of 50 consecutive minutes of uninterrupted indoor free choice to allow for in-depth investigation of the environment and materials. (If outdoor play predominates the schedule, all interest areas must be available and easily accessible to children during the 50 minutes of uninterrupted play time)
 - i. If the program is open for more than 4 hours per day, fifty consecutive minutes is required. The 50 minutes cannot be during the first or last two hours of operation of the program for programs open more than 8 hours.
 - ii. If the program is open for less than 4 hours per day, a minimum of 30 consecutive minutes of uninterrupted indoor free choice is required.
 - iii. If the program has a split schedule then the 50 consecutive minutes can be split. For example: a program has 2 hours of activities in the morning before school and 3 hours of activities in the afternoon. The program can split the minutes by having 25 in the morning and 25 in the afternoon. However, the minutes must be consecutive and uninterrupted.

At least one of these additional practices must be observed:

- All interest centers/areas must be available for children to use for the majority of the day (excluding routine care times). (See Guidance Document or the appropriate Environment Rating Scale tool for more information).
- Program’s physical space design incorporates at least one quiet area and at least one more active (noisy) area. Quiet areas are not located next to the more active areas.
- Information about WMELS and/or SACF is provided to families and other staff (if applicable).

VERIFICATION

Consultant must verify developmentally appropriate environment through observation. If more information is needed lesson plans, schedules, and/or an interview may be used.

B.1.3 Developmentally Appropriate Environment, Incorporating Wisconsin Model Early Learning Standards and/or School-Age Curricular Framework	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/1
<p>1. Provider incorporates developmentally appropriate activities/practices that are engaging, comforting, culturally sensitive and compassionate.</p> <p>All of the following elements must be observed:</p> <p><input type="checkbox"/> All interactions by providers must be positive or neutral at best.</p> <p><input type="checkbox"/> Provider and children appear to enjoy being with each other and demonstrate respect for one another.</p> <p><input type="checkbox"/> Provider uses communication that is developmentally appropriate, and has developmentally appropriate expectations for children’s behavior.</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>At least two of these additional practices must be observed:</p> <p><input type="checkbox"/> Provider is usually in close physical proximity with the children and often joins in the children’s experiences and activities.</p> <p><input type="checkbox"/> Provider create opportunities for peer interactions as children are able to participate in experiences and activities together.</p> <p><input type="checkbox"/> Provider is observed having turn-taking conversations with most children and asking follow-up questions in a neutral or pleasant tone of voice.</p>	

Provider offers at least one adult-initiated receptive language activity each day (e.g. reading a book to children, storytelling, etc.)

Notes: _____

All of the following elements must be observed:

2. The environment includes at least five defined interest centers/areas that are developmentally appropriate and reflect either the WMELS' five domains or the SACF's nine content areas.

WMELS Domains:

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

School Age Curricular Framework Content Areas:

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

Identify the defined five interest centers/areas.

A. Interest Center/Area _____

Domain/Content Area(s) Represented: _____

Are the materials easily accessible for independent use by the children? Yes No

If yes, how verified? _____

Are materials and/or experiences offered to children at differing levels of difficulty and/or address different learning styles? Yes No

If yes, how verified? _____

B. Interest Center/Area: _____

Domain/Content Area(s) Represented: _____

Are the materials easily accessible for independent use by the children? Yes No

If yes, how verified? _____

Are materials and/or experiences offered to children at differing levels of difficulty and/or address different learning styles? Yes No

If yes, how verified? _____

C. Interest Center/Area: _____

Domain/Content Area(s) Represented: _____

Are the materials easily accessible for independent use by the children? Yes No

If yes, how verified? _____

Are materials and/or experiences offered to children at differing levels of difficulty and/or address different learning styles? Yes No

If yes, how verified? _____

D. Interest Center/Area: _____

Domain/Content Area(s) Represented: _____

Are the materials easily accessible for independent use by the children? Yes No

If yes, how verified? _____

Are materials and/or experiences offered to children at differing levels of difficulty and/or address different learning styles? Yes No

If yes, how verified? _____

E. Interest Center/Area: _____

Domain/Content Area(s) Represented: _____

Are the materials easily accessible for independent use by the children? Yes No

If yes, how verified? _____

Are materials and/or experiences offered to children at differing levels of difficulty and/or address different learning styles? Yes No

If yes, how verified? _____

Materials and/or experiences in at least **three areas** must offer children varied levels of difficulty and/or must address different learning styles.

Materials in the **five** interest center/areas above must be considered easily accessible for independent use by the children.

All materials must be developmentally appropriate and must include:

at least one book for each child allowed to attend at any given time,
Notes: _____

at least six different types of fine motor materials;
Notes: _____

at least six different types of art materials (for classrooms with all children age 12 months or older);
Notes: _____

at least two sets of 10 – 20 blocks (for classrooms with children ages 12 months or older);
Notes: _____

at least five different examples of dramatic play materials; and
Notes: _____

at least six different types of materials that support math/number development.
Notes: _____

The daily schedule must include a minimum of 50 consecutive minutes of uninterrupted indoor free choice to allow for in-depth investigation of the environment and materials.

Do the children have the required consecutive minutes of uninterrupted indoor free choice daily?
 Yes No If yes, how verified? _____

(If outdoors predominates schedule, all interest areas must be available and easily accessible to the children during the 50 minutes of uninterrupted free choice.)

Notes: _____

At least one of these additional practices must be observed:

- All interest centers/areas must be available for children to use for the majority of the day (excluding routine care times). Yes No
- If yes, how verified? _____
- Quiet activity areas are located away from noisy activity areas. Yes No
If yes, how verified? _____
- Information about WMELS and/or SACF is provided to families and staff (if applicable) Yes No
If yes, how verified? _____

Comments/areas for future work on Developmentally Appropriate Environments:

Total points earned for Indicator B.1.3 _____/1

QUALITY INDICATOR

B.4.1-2 Environment Rating Scales (ERS)

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

POINTS AVAILABLE: 3 or 4

B.4.1 Environment Rating Scale

REQUIRED for 4 Stars

For 3 points

Environment Rating Scale average score of 4.

B.4.2 Environment Rating Scale

REQUIRED for 5 Stars

For 4 points

Environment Rating Scale average score of 5.

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

C. Business and Professional Practices

Business and Professional Practices: **REQUIRED** Points

QUALITY INDICATOR

C.1 Signed YoungStar Contract

REQUIRED for 2, 3, 4, and 5 Stars

POINTS AVAILABLE: 0

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

QUALITY INDICATOR

C.2.1 Ongoing Yearly Budget/ Review/Record-Keeping/Taxes **REQUIRED for 3, 4, and 5 Stars**

POINTS AVAILABLE: 1

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.
4. Completes timely and accurate tax documents.

VERIFICATION

The Consultant needs to 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 and actual income and expenses for current fiscal year divided into line-items.
 - b. One line-item which includes funding for at least one item in the program's Quality Improvement Plan (QIP).
NOTE: Consultants need to be able to verify each of the items listed above for an individual program site within a larger organization-wide budget to earn the point for this indicator.
2. **Budget Review:** The program reviews the budget annually and makes adjustments to future annual budgets if necessary. The program has a report of actual income and expenses divided into line-items for the previous fiscal year and can demonstrate to the Consultant at least one area where the actual income and expenses from the previous year informed the annual budget for the current fiscal year.
3. **Record-Keeping Practices:** The program demonstrates record-keeping practices that track income and expenses including tracking meals and snacks. All of the following must be verified for this indicator:
 - a. **Tracking income and expenses:** The Consultant needs to see evidence of **one month's worth of records** (however, note that extrapolating information from **one month** to determine *actual income received* for the whole year is not an accepted business practice).
 - b. **Tracking Meals and Snacks:** Child and Adult Care Food Program (CACFP) claims (**last 2 months and an in-progress claim**) would satisfy this requirement. Programs that provide meals and snacks for children and that are not on CACFP must provide records (Consultant will request **up to 3 months' worth**) documenting:
 - i. Menus
 - ii. Meal/snack components (what was actually served if different from printed/posted menu)
 - iii. Children served that meal/snack (programs not on CACFP will need to keep track of number of children served each meal/snack to meet this requirement)
 - iv. Date meal/snack was served
 - v. Time meal/snack and beverage was served (a meal "window" posted on a schedule is fine [i.e., LUNCH 11-11:30AM], as long as this is reasonably accurate to what is observed by Consultant.)**NOTE:** if children bring all meals/snacks from home, the number of children served does not need to be verified for this indicator.

- c. **Hours worked in the home:**² Verification will be completed by the Consultant reviewing documents that demonstrate hours worked in the home caring for children and additional business hours worked in the home *when children are not there* (eg. menu planning, lesson planning, etc.).
- In each six-month period of 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.

4. **Accurate Taxes:** The program completes timely and accurate tax documents. For a family child care, the Consultant needs to see signed or electronically filed copies of all of the following:
- i. Copy of last four quarterly 941's or 944's
 - ii. Copy of last year's Federal Income Tax Return (Form 1065, Form 1120, Form 1120S or Form 990)
 - iii. 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

C.2.1 Ongoing yearly budget, budget review, record-keeping and taxes	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/1
All checkboxes below must be marked “Yes” to earn the point for this indicator.	
<u>Budget</u>	
Does the program have a line-item budget for the current fiscal year, with actual and projected costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there at least one line of the budget that reflects a goal from the program’s Quality Improvement Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes on budget: _____ _____	
<u>Budget Review</u>	
Does the program have a report of <u>actual</u> income and expenses for the previous fiscal year that is used to inform the budget? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes on budget: _____ _____	
<u>Record-keeping</u>	
Does the program track income received and expenses paid within a line-item budget or profit/loss statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation provided: _____ _____	
Does the program have a written record of the following?	
<input type="checkbox"/> CACFP claims (last 2 months submitted and in-progress claim would satisfy this)	
OR	
<input type="checkbox"/> Programs not on CACFP must be able to provide records (up to 3 months’ worth) documenting:	
<ul style="list-style-type: none"> • menus • meal/snack components (what was <u>actually served</u> if different from printed/posted menu) 	

² **NOTE:** if the family child care provider does not live in the place where she/he cares for children, then the provider does not need to demonstrate tracking of hours worked in the home.

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

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

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

Yes No

Not applicable: Provider does not live in the place where she/he provides care.

Documentation provided: _____

Does the Provider track business hours worked in the home?

Yes No

Not applicable: Provider does not live in the place where she/he provides care.

Documentation provided: _____

Notes on recordkeeping: _____

Tax records

What type of organization is the program?

Partnership Limited Liability Company (LLC) Subchapter S C Corp.

Non-profit Other (Multi-Member LLC or Dis-regarded Entity): _____

The program is tax-exempt (*In this case, the Consultant must see the program’s tax-exempt certification/ letter. This applies to Tribal programs also.*)

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

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

Yes No

Notes: _____

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

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

Notes: _____

Last year's Federal Income Tax Return (Form 1040, 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 (when employees are exempt from paying taxes)

Yes No No employees

Notes: _____

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

QUALITY INDICATOR

C.2.2 Parent Handbook

REQUIRED for 4 and 5 Stars

POINTS AVAILABLE: 1

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

- **Vacation**
- **Holidays**
- **Provider time off**
- **Procedures for Provider sick days**
- **Families' procedures for sick days**
- **Related family questions**
- **Contracts with families for paid time off. Contracts are separate documents from handbooks,**
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 days off the Provider is receiving per year 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

C.2.2 Parent handbook

Indicator Met: Yes Not Met

Point(s) Earned: ____/1

Provider has a parent handbook that covers the following policies:

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

Provider has contract with families for paid time off Yes No

Comments/areas for future work on overall parent handbook:

QUALITY INDICATOR

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

REQUIRED for 5 Stars

POINTS AVAILABLE: 1

Program has written policies that reduce risks including posted information about emergency drills, emergency contact numbers and insurance coverage around potential risks that come along with 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:

1. 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).
2. 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.
3. 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.
4. 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.
5. Emergency procedures are in place around fire, severe weather, natural disasters or power loss.
6. 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.

Program must have liability insurance to provide coverage for accidents and lawsuits. Consultant 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.

Program has procedures for a review of the budget every six months. The review process is defined as comparing **actual** income and expenses to **budgeted** projections.

Long term fiscal records are maintained. Provider must have access to the current year and previous year for the review window.

Program demonstrates sound financial planning. (Must meet two of five practices below.)

- Shows a profit from 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 or Loss From Business), line 31.
- Provider claims at least three expenses for the business on tax form 1040 Schedule C, lines 8-27.
- Within the past three years of operation, the Provider has increased at least one type of child care fee. Fees include private pay weekly/hourly price, registration fee, late payment fees, materials fee, etc. Establishing a new fee would earn credit here as "increased a fee."

- A qualified tax preparer is consulted with **yearly** to assure taxes are paid as required and reporting requirements are met. “Consults with” does not require that Provider’s taxes are prepared by or filed by qualified tax preparer.
- Two written policies (or documented practices) to ensure adequate income is being earned; please write the policies found in gray box below:
 - Charging Insufficient Funds fee if a check is bounced
 - Requiring families to pay in cash after bounced checks; number of bounced checks which would trigger cash-only payment specified by Provider
 - Charging a late payment fee if family pays after tuition is due
 - Policy which requires payment before care is provided
 - Policy which links lack of timely payment with refusal of care for child until payment made
 - Policy which links lack of timely tuition payment with termination
 - Tuition or fees owed is reported to families on an official form on a timely basis
 - Provider has clear policies and procedures on good accounting and record keeping practice, which includes but not limited to:
 - Timely notification to parents when payment for service is due;
 - Indicate paid amount and outstanding balance on invoice;
 - Provide itemized receipt of payment associated with the period of care for the child(ren) and any out of pocket payment, if applicable.
 - Provider has clear policies on what is included in their services and communicates such policies to parents. For example, the child care service does not include registration fees, field trip fees, or miscellaneous expenses such as diapers, wipes, etc.
 - Late or missing tuition/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: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/1
Program has at least two policies to reduce risk (see List on page 15). Note policy and page	
1. _____	
2. _____	
Does the program have emergency numbers posted?	
<input type="checkbox"/> Yes Location: _____	
<input type="checkbox"/> No	
Does the program have emergency drill records posted?	
<input type="checkbox"/> Yes Location: _____	
<input type="checkbox"/> No	
Does the program have liability insurance?	
<input type="checkbox"/> Yes Verified through: _____	
<input type="checkbox"/> No	
Is intentional planning reflected in budget priorities?	
<input type="checkbox"/> Yes Verified through: _____	
<input type="checkbox"/> No	
Does the program have procedures for a review of the budget every six months ?	
<input type="checkbox"/> Yes Verified through: _____	
<input type="checkbox"/> No	
Does the program maintain long-term fiscal records?	
<input type="checkbox"/> Yes Verified through: _____	
<input type="checkbox"/> No	

Does the program demonstrate sound financial planning? This can be demonstrated through use of two of the five policies list on page 15. Consultants 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

QUALITY INDICATOR

C.5.1-4 Family Engagement

REQUIRED for 3, 4 and 5 Stars

POINTS AVAILABLE: 1 or 2

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

NOTE: If a 3 Star program earns two points in family engagement, the extra point will be an optional point.

Families are a child's first and most important teacher. It is essential for child care programs to have a vested interest in connecting with the families of the children that attend their program in various ways. Meaningful family relationships begin with engaged families. There are four indicators within the family engagement point and each one has three items with options to choose from:

NOTE: Programs should strongly consider completing the Strengthening Families Self-Assessment Checklist in order to incorporate the findings into program planning. It can be found at the following:

<https://www.cssp.org/reform/strengtheningfamilies/practice>

- 5.1 Communication (**indicator**)
 - 5.1.1 Respectful two-way exchange of information (**item**)
 - 5.1.2 Multiple ways to communicate are offered
 - 5.1.3 Time is made to engage families meaningfully in conversations
- 5.2 Family Needs and Feedback Inform Program
 - 5.2.1 Family input guides program planning and policies
 - 5.2.2 Program is adapted to meet the needs of children and families
 - 5.2.3 Hiring practices of staff and volunteers reflect family's diverse backgrounds
- 5.3 Collaborative Activities with Families
 - 5.3.1 Fathers are encouraged to participate in activities
 - 5.3.2 Opportunities exist for Provider and families to learn from one another
 - 5.3.3 Volunteer opportunities match families' strengths, interests, and skills
- 5.4 Community Resources and Family Support
 - 5.4.1 Families are connected to community resources
 - 5.4.2 Support and planning around transitions is provided
 - 5.4.3 Educational and developmental resources are offered for families to use at home

To earn a point, and meet the 3 Star requirement, programs must demonstrate practices aligned with at least one item from each of the four indicators.

Example: Under Indicator 5.1 Communication, one item could be *5.1.2 Multiple ways to communicate are offered.*

To earn two points, and meet the 4 or 5 Star requirement, programs must demonstrate practices aligned with at least two items from each of the four indicators.

Example: Under Indicator 5.1 Communication, two items could be *5.1.2 Multiple ways to communicate are offered* **AND** *5.1.3 Time is made to engage families meaningfully in conversations*

VERIFICATION

Verification periods are stated as 12 months. If a program operates for less than 12 months, the requirements are pro-rated. **The program will provide applicable evidence (one or more of the following are required for verification):**

- Program policies/goals/philosophies
- Program or Classroom Documents
- Observation
- Schedules
- Parent Handbook
- Other written communications such as:
 - email, newsletter, text messages, Facebook,
 - communication outreach to other partners,
 - meeting agendas,
 - intake forms or process communication logs,
 - introductory or exit surveys
 - translation services
 - materials for families in two households
- Staff Handbook
- Job Descriptions or staff expectations/staffing assignments
- Event programs/flyers
- records of requested modes of communication
- forms for suggestion box
- external assessments
- attendance sign-in sheets
- resource guides
- evidence of a referral log
- hearing/vision screenings
- letters of partnership
- partnership agreements

C.5.1 Communication

Practices that promote and encourage frequent, continuous, and reciprocal exchange of family and child specific information between providers and families are essential to quality family engagement. Well-designed communication systems employ varied and flexible methods for providers and families to exchange information. Communication should be aimed at building mutual aid, respect, and understanding between provider and families. Quality communication practices ensure programs interface with families utilizing their preferred means of contact, with special consideration for the full spectrum of family diversity, and use their primary language. **Examples of ways that programs can demonstrate each of the three *communication* items can be found in the Companion Guidance Document.**

5.1.1	Respectful two-way exchange of information
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	
Documentation:	
5.1.2	Multiple ways to communicate are offered
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	
Documentation:	
5.1.3	Time is made to engage families meaningfully in conversation
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	
Documentation:	

C.5.2 Family Needs and Feedback Inform Program

While it is crucial that families are informed child care consumers, it is equally important that providers are knowledgeable of the needs and goals of the children and families they serve. Programs can gather family perspectives and obtain feedback in a variety of ways including surveys, intake forms, comments, complaint submission processes, exit interviews, child and family strengths, and needs assessments. Utilizing the information to inform programming and staff professional development can help programs connect with families in creative and meaningful ways to advance the goals of the program and consumers. **Examples of ways that programs can demonstrate each of the three *family needs and feedback* items can be found in the Companion Guidance Document.**

5.2.1 Family input guides program planning and policies	
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met Documentation:	
5.2.2	Program is adapted to meet the needs of children and families
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met Documentation:	
5.2.3	Hiring practices of staff and volunteers reflect family's diverse background
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met Documentation:	

C.5.3 Collaborative Activities with Families

Positive family engagement practices are revealed when families are provided multiple opportunities to meaningfully participate in a child's care and education. It refers to provider initiated activities that elevate families as equal partners in promoting healthy child development and cultivate skills for long-term achievement within the care and education setting. **Examples of ways that programs can demonstrate each of the three *collaborative activities with families* items can be found in the Companion Guidance Document.**

5.3.1 Fathers are encouraged to participate in activities	
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met Documentation:	
5.3.2	Opportunities exist for staff and families to learn from one another
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met Documentation:	

5.3.3	Volunteer opportunities match families' strengths, interests, and skills
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	
Documentation:	

C.5.4 Community Resources and Family Support

Early care and education and youth development professionals are well positioned to support families outside of the settings in which they support children. They can advocate for services and resources identified in partnership with the family. Providers can be the critical link between families and community resources. Additionally, they may offer support around parenting issues and family education outside the immediate child care and education setting. **Examples of ways that programs can demonstrate each of the three *community resources* items can be found in the Companion Guidance Document.**

5.4.1	Families are connected to community resources
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	
Documentation:	

5.4.2	Support and planning around transitions is provided
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	
Documentation:	

5.4.3	Educational and developmental resources are offered for families to use at home
Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	
Documentation:	

C.5.1-4 Family Engagement

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

3 Star programs must demonstrate practices aligned with at least one item from each of the four indicators. 4 and 5 Star programs must demonstrate practices aligned with at least two items from each of the four indicators.

Indicators	Items/Activity		
C.5.1 Communication	5.1.1 ____	5.1.2 ____	5.1.3 ____
C.5.2 Family Needs and Feedback	5.2.1 ____	5.2.2 ____	5.2.3 ____
C.5.3 Collaborative Activities with Families	5.3.1 ____	5.3.2 ____	5.3.3 ____
C.5.4 Community Resources and Family Support	5.4.1 ____	5.4.2 ____	5.4.3 ____

Comments/areas for future work on overall family engagement:

Total points earned for Indicator C.5.1-4 ____/2

D. Health and Well-being

Health and Well-being: <u>REQUIRED</u>

QUALITY INDICATOR

D.1.1 Program supports healthy nutrition and/or physical activity policies and practices
REQUIRED for 3, 4 and 5 Star programs

POINTS AVAILABLE: 1

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

Programs must demonstrate all four of the following:

1. Program uses a YoungStar –approved self-assessment tools for quality improvement in the area of nutrition and/or physical activity.
2. Program has developed a Quality Improvement Plan (QIP) based upon the results of the chosen nutrition and/or physical activity self-assessment. The QIP must have been developed within the past 12 months and coincide with the completion of the self-assessment mentioned above. The QIP must include all of the following:
 - **At least three specific goals** for nutrition and/or physical activity
 - Action steps to be taken to meet the identified goals
 - Timeline for completion of the goals
 - Person(s) responsible for accomplishing the goals
3. Program has policies and procedures on-site to address children’s allergies and dietary restrictions. This requirement applies even if there are no children in care with allergies or dietary restrictions.
4. If the program allows meals, snacks or beverages to be brought from home, the program has a policy which states the program will supplement the meals, snacks and beverages if they do not meet the guidelines established by the Child and Adult Care Food Program (CACFP).

VERIFICATION

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

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

The Consultant will verify that the program has policies and procedures on-site that address children’s allergies and dietary restrictions. The Consultant will verify this by specific document and page numbers of the written policy and procedures. The Consultant will verify that the program has a policy which states the program will supplement meals, snacks and beverages if they do not meet the CACFP Guidelines. The Consultant will verify this through review of the policy.

D.1.1 Program supports healthy nutrition and/or physical activity policies and practices	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/1
Consultant verified the following:	
Self-assessment(s) used: _____	
Date of self-assessment(s): _____	
Who completed the self-assessment(s)? _____	
Date of QIP: _____	

Who completed the QIP? _____

What goals have been identified for quality improvement in nutrition and/or physical activity practices over the next 12 months (three are required to earn this point but more may be listed)?

1. _____
2. _____
3. _____

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

- YES
 NO

Where are the policies and procedures located: _____

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

- YES
 NO

Where is the policy located: _____

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

Total points earned for Indicator D.1.1 _____/1

OPTIONAL POINTS SECTION

B. Learning Environment and Curriculum

Learning Environment and Curriculum: OPTIONAL Points

QUALITY INDICATOR

B.2.1-2 Wisconsin Model Early Learning Standards (WMELS) or School-Age Curricular Framework (SACF) training

POINTS AVAILABLE: 1

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

B.2.1 WMELS or School-Age Curricular Framework Training	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: ____/1
VERIFIED BY THE REGISTRY	
Comments/areas for future work on WMELS or SACF training:	

QUALITY INDICATOR

B.2.2 Curriculum/Programming aligned with WMELS or SACF

POINTS AVAILABLE: 2

The program uses a curriculum aligned with the Wisconsin Model Early Learning Standards (WMELS) or School-Age Curricular Framework (SACF). This means WMELS or SACF is implemented for the curriculum/programming for all children in care. **NOTE: B.2.2 focuses on the general connection with the learning experiences linked to the group as a whole, not to the individual child as in B.3.2.**

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

- Lesson plans reflect the WMELS five domains with goals/learning objectives documented on lesson plans/activity plans or individual learning plans for children.
- Interest centers reflect the WMELS five domains. (see also B.1.3)
- Developmentally appropriate learning experiences are linked to child assessments and/or goals/learning objectives/outcomes for children and/or the program as a whole.
- Programs must also show how information about how the program implements WMELS/SACF is communicated to families in two or more of the following: (see also B.1.3)
 - Parent handbook
 - Program operational policies

- Documentation from family meetings
- Orientation materials
- Newsletter
- Poster

School-Age Curricular Framework

The SACF is NOT a curriculum or an assessment tool, but a framework that guides what provider teaches and how providers teach.

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.

This alignment must be demonstrated through the following **four** things:

- Lesson plans reflect the School-Age Curricular Framework’s nine content areas with goals for learning or enrichment documented on lesson plans/activity plans or individual child learning plans.
- Interest areas reflect the School-Age Curricular Framework’s nine content areas. (see also B.1.3)
- Enrichment experiences are linked to the goals/learning objectives/outcomes for children and the program as a whole.
- Programs must also show how information about how the program implements WMELS/SACF is communicated to families in two or more of the following: (see also B.1.3)
 - Parent handbook
 - Operational policies
 - Documentation from family meetings
 - Orientation materials
 - Newsletter
 - Poster

VERIFICATION

Verification of program alignment will be done by the Consultant. The Consultant must review the **most recent consecutive four weeks’** documentation (lesson plans/activity plans or individual learning plans for child/ren) for this indicator.

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

B.2.2 Curriculum/Programming aligned with WMELS or School-Age Curricular Framework	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/2
WMELS Alignment	
<i>Most recent consecutive 4 weeks</i> of lesson plans that reflects the WMELS five domains with goals/learning objectives documentation on lesson plans/activity plans or individual children’s learning plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: _____	

Interest centers reflect the WMELS’ five domains? Verified in B.1.3 <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: _____	

Developmentally appropriate children's learning experiences are linked to goals/learning objectives for children?
 Yes No

Comments: _____

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

Yes No

1. _____
2. _____

SACF Alignment (if not using WMELS)

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 documented on lesson plans/activity plans or individual child learning plans.
- Interest areas reflect the School-Age Curricular Framework nine content areas.
(Verified in B.1.3 Yes No)
- Enrichment experiences are linked to the goals/learning objectives/outcomes for children and the program as a whole.

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

Yes No

1. _____
2. _____

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

Total points earned for Indicator B.2.1-2 _____/3

QUALITY INDICATOR

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

POINTS AVAILABLE: 5

B.3.1 Individual child portfolios

For 1 point

For this indicator, documentation through portfolios is the record of the child's process of learning represented by artifacts of children's work or the data on which evaluation of the child's learning is based.

Portfolios for Children Birth to Five

Portfolios must include at least one anecdotal observation or piece of evidence to represent each of the five categories below. A single anecdotal observation or piece of evidence may represent more than one of the five practices.

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

- What the child has learned and how the child has gone about learning.
- How the child thinks, questions, analyzes, synthesizes, produces, and creates.
- How the child interacts - intellectually, emotionally and socially - with others.
- Monthly goals/learning objectives for the child are included in child portfolios.
- Artifacts/samples of the child's work.

Portfolios for School-Age Children

At least one goal/learning objective per month must be documented for school-age children in regular attendance. Each entry must be dated, including months where goals have remained the same. This should include the month and the year minimally.

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

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

VERIFICATION

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

Programs must be able to demonstrate at least one year of portfolio use. The Consultant 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)**. **Goals must be updated at least monthly.** If the program is only open for part of the year, pro-rate this based upon the number of months the program is open. For example, if the program is open three months of the year, they must update the portfolios at least once per year.

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

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

Summer School-age only: When a School-age program only operates during the summer months, a portfolio for any child enrolled for more than six days, must be created and must have at least one piece of evidence or observation in it. This means, at a minimum, the portfolios must be updated with a piece of evidence or

³ See definition of "child in regular attendance" in Guidance Document.
10/1/2018

observation **at least once every six weeks**. The item could include an interest survey, an artifact, anecdotal note or observation, or an activity summary survey.

B.3.1 Individual child portfolios

Indicator Met: Yes Not Met

Point(s) Earned: _____/1

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

Infants and Toddlers (Birth – 35 months)

Age Group Not Served

Classroom verified: _____

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: _____

Monthly goals/learning objectives for the child

Demonstrated through: _____

There is at least one goal/learning objective written and updated once per month. YES NO

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

Demonstrated through: _____

Preschoolers (36 – 60 months)

Age Group Not Served

Classroom verified: _____

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: _____

Monthly goals/learning objectives for the child

Demonstrated through: _____

There is at least one goal/learning objective written and updated once per month. YES NO

Artifacts/samples of child's work

Demonstrated through: _____

School-Age (61+ months)

Age Group Not Served

Classroom verified: _____

Portfolios include at least three pieces of evidence:

YES NO

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: _____

Monthly goals/learning objectives for the child

Demonstrated through: _____

There is at least one goal/learning objective written and updated once per month. YES NO

Artifacts/samples of child's work

Demonstrated through: _____

Summer Only Serving School-age

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

YES NO

List at least three pieces of evidence here:

1. _____
2. _____
3. _____

Goals/learning objectives are written and updated every six weeks for child outcomes

YES NO

Demonstrated through: _____

Comments/areas for future work on child portfolios:

QUALITY INDICATOR

B.3.2 Provider Uses Intentional Planning to Improve Individual Child Outcomes

POINTS AVAILABLE: 2

For 2 points

Provider uses intentional planning to improve child outcomes. This includes the use of an individual child assessment tool with periodic summarization (at least monthly) to monitor progress in the domains.

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

- demonstration that the assessment tool is ongoing (indicating specific dates the assessment tool has been used for a child versus check marks only)
- demonstration of use as a continuum⁴ that incorporates a broader scope of development and learning for children
- demonstration of being tied to children's daily activities, including child-guided experiences (e.g., in learning areas or work on projects) and peer-to-peer interactions.
- review/alignment of all assessment tools used by the program to the WMELS Performance Standards or the School Age Curricular Framework based on the ages of children in the program.

Providers must be trained on the assessment tool that they use to inform their practice and individualize instruction for children in their care.

VERIFICATION FOR ALL AGES WITHIN THIS INDICATOR

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

1. Assess individual children (*using an assessment tool aligned to WMELS or SACF*).

The Consultant will verify that assessment of individual children is taking place by:

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

⁴ A continuum spans the whole of the early childhood years and describes the progression of development and learning that children can be expected to know and do as they develop. There usually is an overlap in the age ranges, reflecting that the sequence of developmental skills will be achieved within a broad range of time.

2. Use what is learned from the assessment process to establish lesson plans, activity plans or individual child learning plan documentation and program areas where they aim to improve child outcomes.
Consultants will need to see a direct connection between assessment summaries and the goals/learning objectives identified in documentation (lesson plans, activity plans or individual children’s learning plans) on a sampling of portfolios. **If a program does not have a lesson plan** they can still earn this component but must have a way of indicating that they are documenting goals/learning objectives for individual children (activity plans or individual children’s learning plans).

3. Plans and implements learning experiences based upon child assessments.
The Consultant will verify that the Provider can explain how they plan and implement learning experiences based upon child assessments:
 - Conducting an interview of the Provider about:
 - How they are supporting children being successful at the stage each child is at and not only the whole group of children
 - Modifications that are being made for individual needs of children and use of Provider strategies to support children’s learning
 - Tracking through **consecutive 4 weeks** of documentation (lesson plans, activity plans or individual children’s learning plans) with specific children’s goals/learning objectives.

4. When an assessment tool for a child is completed, the program communicates the information with the family. The program will provide the Consultant with the completed assessment, and documentation of the meeting with the families for 25% of the children in regular attendance for each age group: birth – 35 months, 36 – 60 months and/or school-age for the last 12 months. If a family refuses to meet, a signed refusal form is acceptable.

The program must use intentional planning. To use the verification time wisely, a Consultant will verify:

- the most recent consecutive four weeks of lesson plans, making sure to see at least one lesson plan, activity plan or individual child learning plan for each age group served: birth – 35 months, 36 – 60 months and/or school age. Programs may have all age groups/children documented on one document and not separately.
- 25% of the children in regular attendance in those age groups have individual child assessments/developmental milestone checklists or portfolio entries
- How Provider documented meeting with families and reviewed a completed assessment with the families for 25% of the children in regular attendance in each age group.

NOTE: Assessments that are designed by the program may be used if, in the opinion of the Consultant, they are appropriate. The Consultant may need to first send the assessment to DCF for review.

B.3.2 Intentional planning to improve child outcomes	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/2
Infants and Toddlers (Birth – 35 months)	
<input type="checkbox"/> Age Group Not Served	
Child assessments (or inventories/surveys) performed at least twice per year or the frequency recommended by the tool (if greater than twice per year) for 25% of children in regular attendance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which assessment(s) is/are used? _____	
<input type="checkbox"/> Frequency verified	
Comments: _____	

Consultant verified that documentation (lesson plan, activity plan or individual child learning plan) show how the program uses what is learned from the assessment process to establish goals/learning objectives for improving child outcomes?

Yes No

Comments: _____

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

Yes No

Comments: _____

Consultant verified that the Provider documented meeting with families and reviewed a completed assessment with the families for 25% of the children in regular attendance in this age group.

Yes No

Comments: _____

If a family refused to meet, a signed refusal form was accepted.

Yes No

Comments: _____

Preschoolers (36 – 60 months)

Age Group Not Served

Child assessments (or inventories/surveys) performed at least twice per year or the frequency recommended by the tool for 25% of children in regular attendance?

Yes No Which assessment(s) is/are used?

Frequency verified

Comments: _____

Consultant verified that documentation (lesson plan/activity plan or individual child learning plan) show how the program uses what is learned from the assessment process to establish goals/learning objectives for improving child outcomes?

Yes No

Comments: _____

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

Yes No

Comments: _____

Consultant verified that the Provider documented meeting with families and reviewed a completed assessment with the families for 25% of the children in regular attendance in this age group.

Yes No

Comments: _____

If a family refused to meet, a signed refusal form was accepted.

Yes No

Comments: _____

School-Age (61+ months)

Age Group Not Served

Child assessments (or inventories/surveys) performed at least twice per year or the frequency recommended by the tool for 25% of children in regular attendance?

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

Which assessment(s) is/are used?

Frequency verified

Comments: _____

Consultant verified that documentation (lesson plan, activity plan or individual child learning plan) show how the program uses what is learned from the assessment process to establish goals/learning objectives for improving child outcomes?

Yes No

Comments: _____

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

Yes No

Comments: _____

Consultant verified that the Provider documented meeting with families and reviewed a completed assessment with the families for 25% of the children in regular attendance.

Yes No

Comments: _____

If a family refused to meet, a signed refusal form was accepted.

Yes No

Comments: _____

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

Summer Only Serving School-Age Children

Assessments performed *at least once every six weeks*.

Age Group Not Served

Classroom verified: _____

Child assessments (or inventories/surveys) performed at least twice per year or the frequency recommended by the tool for 25% of children in regular attendance?

Yes No

Which assessment(s) is/are used?

Frequency verified

Comments: _____

Consultant verified that documentation (lesson plan, activity plan or individual child learning plan) show how the program uses what is learned from the assessment process to establish goals/learning objectives for improving child outcomes?

Yes No

Comments: _____

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

Yes No

Comments: _____

Consultant verified that the Provider documented meeting with families and reviewed a completed assessment with the families for 25% of the children in regular attendance.

Yes No

Comments: _____

If a family refused to meet, a signed refusal form was accepted.

Yes No

Comments: _____

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

Comments/areas for future work on intentional planning:

QUALITY INDICATOR

B.3.3 Program Implements Developmental Screening Practices

POINTS AVAILABLE: 1

For 1 point

Children birth to five years and school-age

Practices must be indicated in the following:

- Provider/designee demonstrates that she/he has received training on screening tools used in the program. 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, through interview, needs to ensure the person who took the training understands the training content and can explain how the training will influence their practice.
- Within 30 to 45 days of a child's enrollment, a completed developmental screener has been received from the family.
- The program provides the developmental screening opportunity annually or as recommended by the tool and assures appropriate referrals are made to appropriate resources. If a program does not receive a completed screener from the family, the program must document which families have not returned it. Although not required to earn this point, programs should consider adding a statement in their program policies about their developmental screening practices for children. The waiver and documented attempts are acceptable replacements.
- When developmental screening is completed and reviewed by the Provider findings are discussed with the families. The program will provide the Rater with at least one completed screening tool, and documentation of the meeting with the families for 25% of the children in regular attendance for the last 12 months.

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

VERIFICATION

Screenings must be received for **every child who is in regular attendance**. To use Consultant time wisely, this indicator will be verified for 25% of the children in regular attendance from

B.3.3 Program Implements Developmental Screening Practices	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/1
Screenings or waivers are verified for 25% of the children in regular attendance?	
Training verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How? _____	

Comments/areas for future work on Developmental Screening Practices:	

QUALITY INDICATOR

B.3.4 Curriculum and Environment Support Individual Child Goals, as Derived from Child Assessments Program Implements Tracking of Children’s Development for Child Outcomes, as Derived from Child Assessments

POINTS AVAILABLE: 2

For 2 points

Providers track individual child goals/learning objectives and programs track outcomes to demonstrate that Provider training and child interactions improve children’s individual outcomes. **Programs must be able to demonstrate at least six months of tracking child outcomes to earn this indicator.**

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

VERIFICATION

Programs must be able to demonstrate at least six months of tracking child outcomes for every child in regular attendance for 25% of the children in the program.

Consultants/Raters should ensure the Provider shows an understanding of child outcomes and can explain how individual child outcomes are tracked over the duration of a child’s enrollment. Providers must be able to demonstrate they track child outcomes through portfolios and documentation in lesson plans/activity plans or individual child learning 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 the classroom, and because of the timing of the rating, a follow up assessment has not been completed, the program may still earn the point by demonstrating past assessments. 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.

Summer School-age: Programs must be able to demonstrate at least six weeks of tracking child outcomes to earn this indicator. The program may show previous year's information combined with current year. The Consultant must cross-check **the most recent four weeks** of documentation (lesson plans/activity plans or individual child learning plans) with the individual child assessments and portfolios for the children that are listed on the lesson plans/activity plans or individual child learning plans selected.

B.3.4 Individual child outcomes tracked	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/2
NOTE: this indicator cannot be earned if center does not earn the Indicators B.3.1 and B.3.2 AND they cannot earn this in the first year if they have not already started tracking child outcomes.	
How does the Provider show an understanding of child outcomes and the importance of tracking them throughout the child's enrollment?	

Consultant should use the age grouping sections below to support this answer.	
<u>Infants and Toddlers (Birth – 35 months)</u>	
<input type="checkbox"/> Age Group Not Served	
How did the program demonstrate six months of tracking individual child outcomes?	
<input type="checkbox"/> Lesson Plans <input type="checkbox"/> Portfolios <input type="checkbox"/> Individual Child Assessments <input type="checkbox"/> Other	

<u>Preschoolers (36 – 60 months)</u>	
<input type="checkbox"/> Age Group Not Served	
How did the program demonstrate six months of tracking individual child outcomes?	
<input type="checkbox"/> Lesson Plans <input type="checkbox"/> Portfolios <input type="checkbox"/> Individual Child Assessments <input type="checkbox"/> Other	

<u>School-Age Children (61+ months)</u>	
<input type="checkbox"/> Age Group Not Served	
How did the program demonstrate six months of tracking individual child outcomes?	
<input type="checkbox"/> Lesson Plans <input type="checkbox"/> Portfolios <input type="checkbox"/> Individual Child Assessments <input type="checkbox"/> Other	

<u>Summer Only Serving School-Age Children</u>	
<input type="checkbox"/> Age Group Not Served	
Classroom verified: _____	
How did the program demonstrate six weeks of tracking individual child outcomes?	
The program may show previous year's information combined with current year.	
<input type="checkbox"/> Lesson Plans <input type="checkbox"/> Portfolios <input type="checkbox"/> Individual Child Assessments <input type="checkbox"/> Other	

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

Total points earned for Indicator B.3.1-4 _____/6
--

C. Business and Professional Practices

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
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
- 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
- C.3.4—Provider has active membership in a professional association focused on Early Childhood Education (ECE) or School-Age care.
- C.3.5—Access to professional development materials on-site.

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? _____

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 verify that the Provider is a member? (invoice, membership card, letter, etc.)

 How did the Consultant 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.4.1-3 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.
- C.4.2—Provider contracts with families to have a minimum of 10 days off per year, 5 of these being paid.
- C.4.3—Provider has contributed to a retirement plan during the past year.

C.4 Provider benefits	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<input type="checkbox"/> C.4.1 Access to health insurance for Provider and dependent children <i>Does the Provider have health insurance for self and dependent children?</i> <i>Verified through seeing one of the following from approximately 12 months ago and one from the most recent months:</i> <ul style="list-style-type: none"> <input type="checkbox"/> A payroll stub or electronic stub with an insurance contribution (all other information can be blocked if the Provider wants); <input type="checkbox"/> An explanation of benefits from a doctor/insurance co-pay showing what was paid by insurance; <input type="checkbox"/> A bill from a doctor showing that the child care Provider paid a co-payment (this would indicate insurance covered the rest). <input type="checkbox"/> A profit and loss statement <p style="text-align: center;">OR</p> <input type="checkbox"/> 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

D. Health and Well-being

Health and Well-being: OPTIONAL Points

QUALITY INDICATOR

D.1.2-4 Health and Well-being

POINTS AVAILABLE: 3

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

For 1 point

Programs must demonstrate all of the following (based on the age groups served):

- Children birth -35 months of age (infants and toddlers): Program provides free play which is unrestricted and allows for daily active exploration and physical activity. Children will be provided with physical activity and active exploration for 45 minutes daily. Half of this time is provider-led and half is child-initiated and can be in 5 – 10 minute increments. Children are provided with zero minutes of screen time while attending the program. Unrestricted free time⁵ for children to explore their physical movement must be available indoors and outdoors, weather permitting.
- Children 36 – 60 months of age: Program provides children 36 - 60 months a total of 90 minutes minimum of physical activity and active exploration daily. Half of this time is provider-led and half is child-initiated. Children are provided with less than 30 minutes of screen time per week while at the program. Unrestricted free time for children to explore their physical movement must be available indoors and outside, weather permitting.
- Children 5 years and older in school: Program provides children with a total of 90 minutes minimum of physical activity and active exploration daily. Half of this time is provider-led and half is child-initiated. School-age children are provided with less than 60 minutes of screen time per day while at the program. Unrestricted free time for children to explore their physical movement must be available indoors and outdoors, weather permitting.

⁵ Unrestricted free time should be unobstructed where possible and should include safe activities for the space the children are using for the physical activity free time. If inclement weather prohibits outside time, equivalent time indoors for physical activity will be available. Definition of inclement weather or weather permitting follows licensing standards from Wisconsin Administration Code.

VERIFICATION

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

D.1.2 Program supports physical skill development and healthy physical activity	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/1
Consultant verified the following:	
Infants and Toddlers (Birth – 35 months)	
<input type="checkbox"/> Practice verified	
Physical activity is provided for infants and toddlers which includes all of the following:	
<ul style="list-style-type: none">• Infants and toddlers provided with 45 minutes of physical activity and active exploration daily. Half of this time is Provider-led and half child initiated. Infants and toddlers provided with opportunities to freely explore their environment and materials outside of restrictive devices.• Infants and toddlers are provided with 0 minutes of screen time.• Infants and toddlers are provided unrestricted free time to explore their physical movement both indoors and outdoors daily (weather permitting).	
<input type="checkbox"/> YES Verified through one or more of the following:	
_____ Observation	
_____ Lesson Plans (4 weeks)	
_____ Daily Schedule	
_____ Interview	
Does the program have a policy that addresses how screen time is used?	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	
Where is the policy located: _____ Page # _____	
<input type="checkbox"/> NO	
_____ Not Applicable because this age group is not served	
Comments: _____	

Preschoolers (36 months – 60 months)	
<input type="checkbox"/> Practice verified	
Physical activity is provided for children which includes all of the following:	
<ul style="list-style-type: none">• Children are provided with 90 minutes of physical activity and active exploration daily. Half of this time is Provider-led and half child initiated.• Children are provided with less than 30 minutes of screen time per week. This can be demonstrated through any of the following:<ul style="list-style-type: none">○ Classroom schedule○ Lesson plans for the past 4 weeks demonstrating this○ Program policy prohibiting more than 30 minutes of screen time per week for 36 months to 5 year olds• Children are provided unrestricted free time to explore their physical movement both indoors and outdoors daily (weather permitting).	
<input type="checkbox"/> YES Verified through one or more of the following:	
_____ Observation	
_____ Lesson Plans (4 weeks)	
_____ Daily Schedule	
_____ Interview	
Does the program have a policy that addresses how screen time is used?	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	
Where is the policy located: _____ Page # _____	
<input type="checkbox"/> NO	

____ Not Applicable because this age group is not served

Comments: _____

School-Age (61+ months)

Practice verified

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

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

YES Verified through one or more of the following:

- ____ Observation
- ____ Lesson Plans (4 weeks)
- ____ Daily Schedule
- ____ Interview

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

- YES
- NO

Where is the policy located: _____ Page # _____

NO

____ Not Applicable because this age group is not served

Comments: _____

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

QUALITY INDICATOR

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

POINTS AVAILABLE: 2

For 2 point

Provider has completed one of the **Registry-verified** trainings/equivalencies listed below.

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

VERIFICATION

Verified by The Registry.

D.1.3 Social Emotional/WI Pyramid Model/Inclusion Training	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> Not Met	Point(s) Earned: _____/2
VERIFIED BY THE REGISTRY	
Comments/areas for future work:	

QUALITY INDICATOR

D.1.4 Strengthening Families Training

POINTS AVAILABLE: 1

For 1 point

- Provider is trained in protective factors around working with a family through one of the Registry-verified trainings/equivalencies listed below. Trainings that apply to this part of the indicator are:
 - Strengthening Families Through Early Care and Education: Building Protective Factors with Families, or have attained the
 - Family Services Credential,⁶
 - Touchpoints Birth to Three: Your Child’s Emotional and Behavioral Development
 - Department-approved equivalent that demonstrates knowledge of protective factors.

NOTE: Online training offered for Strengthening Families Through Early Care and Education (Wisconsin) is accepted for YoungStar beginning October 2016.

VERIFICATION

Verified by The Registry.

D.1.4 Strengthening Families Training	
Indicator Met: <input type="checkbox"/> Yes <input type="checkbox"/> 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
--

NOTE:

For ratings occurring on or after January 1, 2019, YoungStar will no longer accept Department-approved Child Abuse and Neglect Prevention (CANP) training to meet the requirements of indicator D.1.4. This includes Wisconsin Mandated Reporter Online Training, SCAN-MRT, Darkness to Light/Stewards of Children, and Wisconsin technical college course 10-307-167 ECE: Health, Safety and Nutrition. Programs that earned a point for D.1.4 due to having one or more of these trainings will no longer earn that point when they are rated in the 2019 rating year.

⁶ See Guidance Document for a definition of the Family Service Credential.
10/1/2018

Required Quality Indicators for YoungStar Levels

Family Child Care

	☆☆	☆☆☆	☆☆☆☆	☆☆☆☆☆
All programs must be in Regulatory Compliance to earn two or more stars.				
Education	N/A	<u>Provider</u> with Registry Level 7	<u>Provider</u> with Registry Level 10	<u>Provider</u> with Registry Level 12
Environment and Curriculum <i>NOTE: All programs must complete a Self-Assessment and a Quality Improvement Plan to earn a 3, 4 or 5 Star.</i>	N/A	Indicator B.1.2 Developmentally Appropriate Practices and Environment aligned with WMELS and/or SACF	Indicator B.1.2 Developmentally Appropriate Practices and Environment aligned with WMELS and/or SACF Indicator B.4.1: Environment Rating Scale (ERS) average score of 4	Indicator B.1.2 Developmentally Appropriate Practices and Environment aligned with WMELS and/or SACF Indicator B.4.2: Environment Rating Scale (ERS) average score of 5
Business and Professional Practices <i>NOTE: All programs must sign a YoungStar Contract to participate in YoungStar</i>	N/A	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record Indicator C.5.1-5 Family Engagement (1 point is required.)	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record Indicator C.2.2: Parent Handbook Indicator C.5.1-5 Family Engagement (2 points are required.)	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record Indicator C.2.2: Parent Handbook Indicator C.2.3: Written Policies to Reduce Risk/Program Financial Planning Indicator C.5.1-5 Family Engagement (2 points are required.)
Child Health and Well-being		Indicator D.1.1: Program supports healthy nutrition and/or physical activity policies and practices	Indicator D.1.1: Program supports healthy nutrition and/or physical activity policies and practices	Indicator D.1.1: Program supports healthy nutrition and/or physical activity policies and practices
Additional Optional Points Needed		4 or more points	4 or more points	10 or more points

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Verification Sheet for Rating Family Providers

Anniversary Date of the Program: _____

Name of Program: _____

Provider and Location Numbers: _____

Name of Provider: _____

Name of Consultant: _____ **Date:** _____

Quality Indicator	Points Available	Points Earned	Verification		
			Const. Initials	Provider Initials	Date Verified
A. Education and Training of Providers and Provider					
<i>NOTE: Consultant is responsible for verifying educational information for points in YoungStar through case management. This section is included on the score sheet so that programs can get a picture of total points earned.</i>					
A.1 Providers	14		Registry Verified		
Subtotal for Section A	14				
REQUIRED INDICATORS					
B. Learning Environment and Curriculum - Required					
B.1.1-2 Self-Assessment and Quality Improvement Plan <i>(required for 3, 4 and 5 Stars)</i>	0	--			
B.1.3 Developmentally Appropriate Environment <i>(required for 3, 4 and 5 Stars)</i>	1				
B.4.1 ERS average score of 4 <i>(required for 4 and Stars)</i>	3	N/A for Technical Ratings			
B.4.2 ERS average score of 5 <i>(required for 5 Stars)</i>	4				
Subtotal for Section B - Required	5				
C. Business and Professional Practices - Required					
C.1 Signed YoungStar contract <i>(required for all programs participating in YoungStar)</i>	0	--			
C.2.1 Ongoing yearly budget/budget review/record-keeping/accurate taxes <i>(required for 3, 4 and 5 Stars)</i>	1				
C.2.2 Parent handbook <i>(required for 4 and 5 Stars)</i>	1				
C.2.3 Written policies to reduce risk/Program financial planning <i>(required for 5 Stars)</i>	1				
C.5.1-4 Family Engagement <i>(required for 3, 4, and 5 Stars)</i>	1 or 2 points				
Subtotal for Section C - Required	5				
D. Health and Well-being - Required					
D.1.1 Program supports healthy nutrition and/or physical activity policies and practices <i>(required for 3, 4 and 5 Stars)</i>	1				
Subtotal for Section D - Required	1				

Optional Indicators										
B.2.1	WMELS/ School-Age Curricular Framework Training				1				Registry Verified	
B.2.2	Curriculum aligned with WMELS/ School-Age Curricular Framework				2					
B.3.1	Individual child portfolios				1					
B.3.2	Provider Uses Intentional Planning to Improve Child Outcomes				2					
B.3.3	Program Implements Developmental Screening Practices				1					
B.3.4	Curriculum and Environment Support Individual Child Goals, as Derived from Child Assessments				2					
C.3.1	Professional Development Plan Create	Y	N	1 point if two or more practices are evident						
C.3.2	Written copy of employment policies	Y	N							
C.3.3	Access to accurate financial information	Y	N							
C.3.4	Membership in a professional association	Y	N							
C.3.5	Access to professional development resources	Y	N							
C.4.1	Access to health insurance	Y	N	1 point if 2 or more practices are evident						
C.4.2	Contracted time off (10 days per year)	Y	N							
C.4.3	Retirement contribution	Y	N							
D.1.2	Program supports physical skill development and healthy physical activity				1					
D.1.3	Pyramid Model/Inclusion training				2				Registry Verified	
D.1.4	Strengthening Families Training				1				Registry Verified	
Subtotal for Section					14					
TOTALS					40					

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

Provider Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

Others:

_____ Date: _____

_____ Date: _____

_____ Date: _____