

Gold Seal Quality Care Accrediting Standards for Child Care Facilities

The following standards must be substantially met or exceeded by the accreditation standards of the entity seeking approval as a Gold Seal Quality Care accrediting association. The applicant for Gold Seal accrediting association will be required to use this form to provide a crosswalk aligning its standards with the standards below. The applicant's standards need not be organized in the same manner as the standards below, but must be completed in a fashion that permits the Division of Early Learning (DEL) to perform a line-by-line comparison of standards, whenever practicable. It is the responsibility of the applicant to ensure that the crosswalk is clear and concise in its presentation. If a line-by-line comparison is not practicable, the DEL will review the applicant's standards using the following grouping and sub-grouping of standards.

Please note that an applying association must receive an overall minimum score of 85% pursuant to Rule 6M-10.002, Florida Administrative Code for approval as a Gold Seal Accrediting Agency and must ensure each child care provider accredited under the associations accreditation standards also meet an overall minimum score of 85%.

The text in the left column(s) below is the Gold Seal criteria standards. The right column has been left blank for use as a crosswalk, if the accrediting association chooses to use this format.

Validation Process				
Gold Seal Criteria			Crosswalk or Comments for Review	
A1	The program will be subject to visit(s) by validator(s) representing the accrediting agency. The program will be evaluated based on standards outlined below. The program must receive a satisfactory evaluation. Onsite visits, excluding the initial visit, are unannounced visits. Provide evidence that the process for accreditation has, at a minimum, all of the following components:			
	a.	Clearly defined prerequisites that a child care provider must meet before beginning the accreditation process. Accreditation may not be granted to a child care facility before the site is operational and is attended by children.		
	b.	Procedures for completion of a self-study and comprehensive onsite verification process for each classroom that documents compliance with accrediting standards.		
	c.	A training process for accreditation verifiers to ensure inter-rater reliability.		
	d.	Ongoing compliance procedures that include requiring each accredited child care facility, large family child care home, and family day care home to file an annual report with the accrediting association and risk-based, onsite auditing protocols for accredited child care facilities, large family child care homes, and family day care homes.		
	e.	Procedures for the revocation of accreditation due to failure to maintain accrediting standards as evidenced by sub-subparagraph d. or any other relevant information received by the accrediting association.		
	f.	Accreditation renewal procedures that include an onsite verification occurring at least every 5 years.		
	g.	A process for verifying continued accreditation compliance in the event of a transfer of ownership of facilities.		
	h.	A process to communicate issues that arise during the accreditation period with governmental entities that have a vested interest in the Gold Seal Quality Care Program, including the Department of Education, the Department of Children and Families, the Department of Health, local licensing entities if applicable, and the early learning coalition.		
	i.	Procedures for determining compliance with the accreditation standards and the required percentage of assessed items measured to achieve accreditation.		
	j.	Process for verifying program files, surveys, and other information used to complete the self-study are available during time of visit.		
	k.	Process for monitoring program environment of both indoor and outdoor classroom settings.		
	l.	Procedures for monitoring program personnel records for compliance with training requirements.		
STANDARD: Ratio and Group Size				
Staff-to-Child Ratio				
Gold Seal Criteria			Crosswalk or Comments for Review	
	The provider uses the following staff-to-child ratios and group sizes:	Ratio:	Group Size:	
B1	Birth – 24 months	1:3-4	6-8	
B2	25 – 35 months	1:4-6	8-12	
B3	3 years	1:6-9	12-18	
B4	4 years/5 years	1:8-10	16-20	
B5	Kindergarten	1:9-12	18-24	
B6	6 – 8 years	1:10-12	20-24	
B7	9 – 12 years	1:12-15	24-30	

B8	The provider has access to available substitute staff to ensure that the above staff-to-child ratios are met at all times of operation.	
B9	Group size: Groups of children may be limited to one (1) age or may include multiple ages. A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space in which care is provided or classes are held and staff ensures that appropriate group sizes are maintained.	
STANDARD: Teachers and Staff		
Staff Qualifications		
	Gold Seal Criteria	Crosswalk or Comments for Review
C1	Lead Teachers must be at least 21 years old.	
C2	Lead Teachers must be certified in First Aid and Pediatric CPR, including management of a blocked airway, and rescue breathing.	
C3	Lead teachers must meet one (1) of the following: <ul style="list-style-type: none"> An undergraduate degree in Early Childhood Education, Child Development, Social Work, Nursing, or other child-related field, and a minimum of one (1) year experience working in a child care program serving children ages 0-5; OR A national competency-based early childhood credential such as the CCP, CDA, or state equivalent (example, Florida Child Care Professional Credential), and two (2) years of experience as a teacher serving the children of the age groups in care, OR A combination of coursework and experience including: a high school diploma or GED, a minimum of four (4) college-level courses in Early Childhood Education and/or Child Development, and a minimum of three (3) years' experience working in a child care program serving children ages 0-5. 	
C4	Associate/assistant teachers must be at least 18 years old.	
C5	Associate/assistant teachers must have a high school diploma or General Education Development certificate (GED).	
C6	Volunteers must be at least 16 years old. Volunteers under the age of 18 years must be under direct supervision and are not counted in staff-to-child ratio.	
C7	All teaching staff (including substitutes) must complete Level 2 background screening, in accordance with s. 402.305(2), F.S., prior to interacting with children.	
C8	All teaching staff must clear a sexual predator check prior to interacting with children.	
C9	A new employee is not considered permanent until the director has assessed his/her mental and physical health and ability to work effectively with young children.	
Staff Training/Continued Professional Development		
	Gold Seal Criteria	Crosswalk or Comments for Review
D1	The program provides and requires all teaching staff (including substitutes) to complete orientation for new employees prior to interacting with children.	
	The orientation includes, but is not limited to	
	a. Program policies and procedures;	
	b. Health, safety, and emergency procedures;	
	c. Accepted guidance and classroom management;	
d. Observing experienced teachers		

	e. How teaching staff will accurately use the program's procedures for assessment of child progress and program quality.	
D2	All teaching staff (including lead teachers, assistants, and volunteers) must complete job-related professional development during the first year of employment. Training must be specific to the age(s) or the special circumstances/specific needs of the children staff teach. Topics to include: behavior management; inclusion; medication administration; child abuse reporting and compliance; health; safety; child development; nutrition; evaluation; language and literacy; curriculum; parent involvement; communication skills; and diverse races, cultures, and languages.	
D3	All teaching staff (including lead teachers, assistants, and volunteers) must complete at least 24 hours of job-related professional development annually, following the first year of employment. Training must be specific to the age(s) or the special circumstances/specific needs of the children staff teach. Topics to include: behavior management; inclusion; medication administration; child abuse reporting and compliance; health; safety; child development; nutrition; evaluation; language and literacy; curriculum; parent involvement; communication skills; and diverse races, cultures, and languages.	
D4	All teaching staff who supervise or mentor other staff must document completion of specialized college-level course work or professional development training and preparation in adult supervision, mentoring, and leadership development.	
D5	All teaching staff are encouraged to join and participate in local, state, national, or international early education professional organizations.	

STANDARD: Director Requirements

Director Qualifications

	Gold Seal Criteria	Crosswalk or Comments for Review
E1	Director must be at least 21 years old.	
E2	The Director must meet one of the following: <ul style="list-style-type: none"> a. An undergraduate degree in one (1) of the following: Early Childhood Education, Child Development, Social Work, Early Childhood Special Education, Nursing, Child Care Management, or other child-related field, OR b. A combination of coursework and experience that includes a minimum of four (4) college-level courses in Early Childhood Education and Child Development, Elementary Education, Early Childhood Special Education, Child Care Management; and two (2) years of experience as a lead teacher or director serving the children of the age groups in care. 	

Continuing Professional Development for Director

	Gold Seal Criteria	Crosswalk or Comments for Review
E3	The director and assistant director(s) must complete at least 24 hours of job-related professional development annually. Topics of professional development include: child care operations and management, administration, inclusion, personnel management, behavior management, first aid, medication administration, child abuse reporting and compliance, health, safety, child development, nutrition, evaluation, language and literacy, curriculum, parent involvement, and communication skills.	

STANDARD: Curriculum Implementation

	Gold Seal Criteria	Crosswalk or Comments for Review
F1	The program has a written mission and vision statement of its philosophy and goals for its staff and all children in its care. This statement is present and consistent in the program's staff handbook, parent handbook, orientation materials, etc.	

Strategic and Curriculum Planning

	Gold Seal Criteria	Crosswalk or Comments for Review
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F2	The program uses a strategic planning process to implement its vision and mission, and to achieve desired outcomes for the children in its care.	
F3	The program uses written curriculum plans based on knowledge of appropriate practice(s); assessment of individual needs and interests; cultural sensitivity; progress reports and assessment; and the social, emotional, cognitive, physical, and language development of individual children.	
F4	Teaching staff have clearly defined goals for individual children that guide their curriculum planning.	
F5	Teachers use curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences.	
Curriculum/Teaching Materials		
	Gold Seal Criteria	Crosswalk or Comments for Review
F6	The program demonstrates sufficient materials and equipment that are rich in variety to sustain curriculum plans. Materials and equipment are available in sufficient quantities to occupy each child in activities that meet his or her interests.	
F7	Materials and equipment used facilitate focused individual and peer play/learning.	
F8	Materials and equipment reflect and respect society's diversity and the cultures of the families being served.	
F9	Staff rotate and adapt materials on a reasonable basis to promote learning and extend children's play opportunities.	
F10	Teachers foster cognitive learning by providing opportunities and materials to encourage infants/toddlers to discover how they can make things happen and to solve simple problems. Children are provided equipment to engage in varied opportunities for fine and large motor development.	
F11	All children are provided materials to experience varied opportunities of the key principles of the following:	
	a. Art, music, dramatic play, and dance in ways that reflect cultural diversity.	
	b. The principles of math, such as building understanding of numbers; number names; the relationship of numbers to object quantities and to symbols; using numerical symbols; and to explore operations on quantities, such as adding, subtraction, and dividing into equal and unequal subsets.	
	c. Science.	
	d. The physical characteristics of their local environment, and how people positively and negatively affect their environment.	

STANDARD: Health and Safety

Indoor Environment

Gold Seal Criteria		Crosswalk or Comments for Review
J1	The building is well-maintained: a. Walls, floors, furnishings, and equipment are kept in good repair and are safe, with no sharp edges, splinters, protruding or rusty nails, or missing parts. b. All indoor areas are free from trash, sharp or hazardous items, and are in a clean condition. c. Toys and equipment are in good working order, clean, and free from peeling paint and pinch points. d. Staff takes steps to correct or avoid unsafe conditions. e. Smoking is not permitted in or around facility.	
J2	The following furnishings are available: a. Equipment and furnishings for diaper changing and changing soiled underwear or other clothing that are located away from food preparation areas; b. Hand-washing sinks within arm's length of diaper-changing tables; c. Chairs with a back and a seating height that allows the child to sit with his or her feet on the floor or ground (for each child over the age of one (1) year); d. Tables at a height that allows a child to sit comfortably with the table between underarm and waist; e. Adaptations that allow children with disabilities and other special needs to fully participate in the program's activities; and f. A solid barrier or at least three (3)-foot spacing that separates sleeping children from one another.	
J3	Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults, if warranted by the assessment.	
J4	Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of annual service and testing dates and battery changes is maintained and available.	
J5	Cleaning materials, detergents, aerosol cans, health and beauty aids, and other toxic materials are stored in their original labeled containers and used according to the manufacturer's instructions and purpose. All art and craft materials used in the program are non-toxic. No paint containing lead in excess of 0.06% is used in areas accessible to children.	
J6	The program has written procedures to protect children and adults from environmental hazards, such as air pollution, lead, and asbestos, according to public health requirements.	
J7	Electrical outlets are covered.	
J8	Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.	
J9	At least one (1) staff member who has a certificate showing satisfactory completion of pediatric CPR and first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children.	

Outdoor Environment

Gold Seal Criteria		Crosswalk or Comments for Review
J10	At least 75 square feet of outside play space is provided for each child playing outside at any one time. The total amount of required play space is based on a maximum of one-third of the total center enrollment being outside at one time.	

J11	The director or other designated individual conducts daily inspections of the playground area. A playground inspection log is maintained at all times to reflect daily playground inspections.	
J12	Outdoor play areas are entirely smoke-free.	
J13	Outdoor play area is protected by fences or natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells.	
J14	Program staff protect children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting outdoor and physical activity as a precaution during smog or other air pollution alerts.	
J15	Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least four (4) feet in height, with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff directly supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables.	
J16	Outdoor play equipment is of safe design and in good repair:	
	a. All pieces of playground equipment are designed to match the body dimensions of children.	
	b. Anchored equipment is not placed closer than six (6) feet from any hard, non-resilient surface, including fencing or another piece of play equipment.	
	c. All elevated pieces of playground equipment are surrounded by a perimeter of resilient surface of an acceptable depth.	
	d. All pieces of playground equipment are free of sharp edges, protruding parts, weaknesses, and flaws in material construction.	
J17	When climbers, climbing gyms, slides, and other play units are part of the outdoor environment, the program provides safety surfacing that is rated and installed in the fall zone as recommended by the manufacturer for the fall height of the play equipment. Furnishings such as lofts are constructed to prevent falls (e.g., with appropriate barriers), or safety surfacing is installed in the fall zone.	
J18	Sandboxes that are part of a program facility are constructed to allow for drainage, are covered when not in use, and are cleaned of foreign matter on a regular basis. Staff replaces sand as often as necessary.	
J19	The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants:	
	a. Poisonous or potentially harmful plants are not in areas accessible to children.	
	b. Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation, and other exposure to children.	
	c. The program uses the techniques known as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation.	
J20	The staff are capable of viewing all of the children on the entire playground.	
J21	To protect against cold, heat, sun injury, and insect-borne disease, parents are required to provide their children with at least one change of clothing suitable for daily outdoor play.	
Personal Hygiene and Best Practices		
	Gold Seal Criteria	Crosswalk or Comments for Review
J22	Proper hand-washing procedures are followed by adults and children, and universal precautions are practiced at all times:	
	a. Children and adults wash their hands after diapering or using the toilet, handling body fluids, playing in fluid play areas, and before meals and snacks.	
	b. Adults wash their hands before and after feeding a child, administering medication and after assisting a child with toileting and handling garbage or cleaning.	

	c. Staff and children wash their hands at specified times during the day.	
J23	Staff members and children developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored. Children wash either independently or with staff assistance as needed to successfully complete the task.	
J24	Toilets, drinking water facilities, and hand-washing facilities are within 40 feet of the indoor areas that children use. The hand-washing sinks are accessible to staff and children (step stools are available if needed).	
J25	Daily cleaning tasks are conducted to ensure a healthy and safe environment and include the following: general classroom areas, bathrooms, dining areas, and all equipment.	
J26	Staff clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, or cubicle handles and floors either daily or immediately if visibly soiled. Staff clean and sanitize potty chairs, if in use, after each child's use. In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food. Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material.	
J27	Toys are washed weekly, except mouthed toys, which must be cleaned and sanitized immediately or prior to another child's use.	
Nutrition and Food Safety		
	Gold Seal Criteria	Crosswalk or Comments for Review
J28	The program prepares written daily, weekly, and/or monthly menus that: <ul style="list-style-type: none"> a. Are posted where families can see them. b. Are made available to families. c. Are kept on file for review by certified inspectors and/or the accrediting association. d. Illustrate that meals and snacks are at regularly established times. e. Illustrate that meals and snacks are at least two (2) hours apart but not more than three (3) hours apart. 	
J29	The program participates in the United States Department of Agriculture's Child and Adult Care Food Program (USDA's CACFP), OR at least two (2) times a year, a registered dietitian or pediatric public health nutritionist evaluates the provider's menus for: <ul style="list-style-type: none"> • Nutritional content; • Portion sizes, and nationally recommended limits on juice, sugar, sodium, and saturated fats; • Food service operations; • Food safety (staff discard foods with expired dates, etc.); • Special feeding needs to be met by the program; and • Procedures used for food brought from home. The program documents compliance and any corrections it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.	
J30	Clean, sanitary drinking water is made available to children throughout the day (infants who are fed only breast milk or formula, may be given additional breast milk or formula). When the water supply source is a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.	
J31	Mealtime is relaxed and pleasant for children. Staff sit and eat with the children while modeling appropriate behavior and using mealtime as a learning experience.	

J32	Staff take steps and work with families to ensure that food and beverages brought from home:	
	a. Meet the United States Department of Agriculture's Child and Adult Care Food Program (USDA's CACFP) food guidelines.	
	b. Are labeled with the child's first and last name and the date.	
	c. Are refrigerated, if required, and stays cold until served.	
	d. Are supplemented by food provided by the program, if necessary.	
	e. Must be either whole fruits or commercially prepared packaged foods in factory-sealed containers if food is intended to be shared.	
J33	For all infants, and children with disabilities who have special feeding needs, a daily record is kept and documents the type and quantity of food a child consumes and provides families with that information.	
J34	For each child with special health care needs, food allergies, or special nutrition needs:	
	a. The child's health provider offers the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care.	
	b. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all who interact with the child during the program day.	
J35	Staff does not offer children younger than four (4) years the following foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/2-year-olds, according to each child's chewing and swallowing capability.	
J36	In regards to food safety:	
	a. Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.	
	b. Staff discards after one (1) hour any formula or human milk that is served but not completely consumed or is not refrigerated.	
	c. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes.	
	d. No milk, including breast milk, and no other infant foods are warmed in a microwave oven.	
	e. Except for breast milk, staff serve only formula and infant food that come to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrated formulas and baby food jars) and are prepared according to the manufacturer's instructions.	
J37	The program supports breastfeeding by:	
	a. Accepting, storing, and serving expressed milk for feedings;	
	b. Accepting milk in ready-to-feed sanitary containers labeled with the infant's first and last name and date and storing it in a refrigerator for no longer than 24 hours or in a freezer at 0 degrees Fahrenheit or below for no longer than three months;	
	c. Ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in breast milk; and	
	d. Providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.	
J38	In regards to infants and toddlers:	
	a. The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.	

	b. If the program provides food to infants, staff work with families (who are informed by their child's health care provider) to ensure that the food is based on each infant's individual nutritional needs and developmental stage.	
	c. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice.	
	d. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.	
	e. Teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families.	
	f. Sweetened beverages are avoided. If juice is served, the amount is limited to no more than four ounces per child daily. (Only 100% fruit juice is recommended.)	
Infant and Toddlers		
	Gold Seal Criteria	Crosswalk or Comments for Review
J39	Cots, mats, cribs, sheets, and blankets are marked with individual children's names and washed at least once a week.	
J40	Program staff identify choking hazards and remove them from the proximity and reach of children.	
J41	Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.	
J42	Adults have a comfortable place to sit, hold, and feed infants. Staff place rocking chairs and glider chairs in locations that will avoid injury to children who may be on the floor.	
J43	Infants and toddlers (to age two) do not have bottles while in a crib or bed and do not eat from propped bottles at any time. They also do not carry bottles, sippy cups, or regular cups with them while crawling or walking.	
J44	Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort.	
J45	At least once daily, in a program where children older than one (1) year receive two (2) or more meals, teaching staff provide an opportunity for tooth brushing and gum-cleaning to remove food and plaque. (The use of toothpaste is not required.) After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums.	
J46	Cribs are inspected to ensure security. Drop-side cribs are not used.	
J47	To reduce the risk of Sudden Infant Death Syndrome (SIDS): a. Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. (This indicator is required of all programs with infants.) b. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than <u>twelve</u> months. c. The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.	
J48	Diaper/Changing area: a. Never located near food preparation areas. b. Changing tables are sanitized after each use. c. If non-absorbent paper liners are used, they must be large enough to cover the changing surface.	

	d. Staff check diapers regularly and change soiled or wet diapers/clothing immediately.	
	e. A closable, foot pedal-operated, plastic-lined trash receptacle is provided in every diaper-changing area.	
	f. Diaper changing procedures are posted at each changing table.	
J49	Bathrooms have barriers to prevent entry by unattended infants and toddlers to 2 years old.	
Transportation		
	Gold Seal Criteria	Crosswalk or Comments for Review
J50	If transportation is provided for children, there should be: a. Written requirements for drivers. b. A regular maintenance schedule for vehicles and a maintenance log for each vehicle. c. A written pick-up/drop-off routine, including a procedure for accounting for each child. d. Transportation logs, vehicle insurance, liability insurance, and adequate supervision for children being transported. e. Identifying and emergency information for each child available on each vehicle. f. The use of appropriate restraint systems for each child. g. A first aid kit properly equipped for each vehicle. h. Adequate liability and accident insurance coverage for staff and children and vehicle insurance for any owned or leased vehicles. i. Vehicle alarms are installed in vehicles used to transport children. j. Transportation training for all staff participating in the transport of children.	
J51	Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures: a. Facilitate family-staff interaction. b. Ensure that all children transported during the program day are accounted for before, during, and after transport. c. Ensure the safety of all children as pedestrians and as passengers. d. Address specific procedures for children with disabilities. e. Address special circumstances in picking up children at the end of the day.	
Supervision		
	Gold Seal Criteria	Crosswalk or Comments for Review
J52	Attendance is taken when children arrive at the program. The program has in place a system for parents/guardians to sign their children in and out on a daily basis.	
J53	Staff maintain supervision of children at all times. a. The physical layout of facilities is arranged so that all areas can be viewed by at least one (1) other adult in addition to the caregiver. b. Teachers, assistant teachers, or teacher aides are aware of and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake. c. Children are carefully supervised on field trips.	
J54	Parents are notified in advance of the field trip destination, time of departure, anticipated time of arrival, and time of return. Signed, written permission for individual field trips or blanket written permission is kept on file for each child taking part in a field trip.	
Emergency, Medication, and Illness Procedures		
	Gold Seal Criteria	Crosswalk or Comments for Review

J55	The program has written policies on the routine health care of children, and the health practices of the program, to promote wellness and safeguard the health and safety of children and adults. The program has a system for daily health screenings along with a record of the staff person's observations of each child during the screening.	
J56	The program has a written plan for reporting and managing any incident of unusual occurrence that is threatening to the health, safety, or welfare of the children or staff. The program has procedures for staff training on the emergency plan, and the plan is posted in each classroom.	
J57	The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.	
J58	Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals. Areas used by staff or children who have allergies to dust mites or to components of furnishings or supplies are maintained by the program according to the recommendations of health professionals.	
J59	There is a separate area to care for children who are too ill to receive care in the regular group. A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about (a) what level and types of illness require exclusion; (b) how care is provided for those who are ill but who are not excluded; and (c) when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.	
J60	The program provides regular vision, speech and language, hearing, and developmental screenings for children either on-site or through referral to a community health agency. The program documents annual screenings for each child.	
J61	Complete records for children are updated annually including: Names, addresses, and phone numbers of parents or guardians; emergency contact information; medical treatment authorizations; medical histories; developmental histories; immunization records; progress reports; parent conference reports; transportation permissions; injury and illness logs; and medication administration logs.	
J62	The program maintains a log of all illnesses and parents are notified immediately when a child's behavior indicates illness.	
J63	Evacuation drills are practiced at least monthly from all exit locations at varied times of the day. The program has an emergency exit plan showing escape routes from each area.	
J64	At least one (1) person on-site is designated as responsible for health and safety issues.	
J65	90% of the staff are certified in pediatric CPR. At least one (1) certified staff person is always present with each group of children. Written verification of CPR certification is kept on file at all times. 90% of the staff involved in the provision of direct child care are certified in pediatric first aid.	
J66	There is a health/medical consultant available to the program for questions and advice. The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.	
J67	There is a fully-stocked, readily accessible first aid kit in the facility.	
J68	Medication is administered to children only when a written order has been submitted by a parent, and the medication is consistently administered by a designated staff member that is educated in proper medication administration. A log is kept and filed of all medication administered.	

J69	Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that animals are suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.	
STANDARD: Teacher-Child Interactions		
	Gold Seal Criteria	Crosswalk or Comments for Review
K1	Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children:	
	a. The program is organized and staffed to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and program year.	
	b. Policies prescribe that each group of children be assigned teaching staff who have primary responsibility for working with that group.	
	c. Policies encourage keeping infants and toddlers to age two (2) together with their teaching staff for nine (9) months or longer.	
K2	Teaching staff's daily interactions:	
	a. Demonstrate their knowledge of the children they teach, their families, and the social, linguistic, and cultural context in which the children live.	
	b. Support and challenge children's learning during interactions or activities that are teacher-initiated and child-initiated.	
	c. Are available and responsive to children; encourage children to share experiences, ideas and feelings.	
	d. Engage in collaborative inquiry with individual children and small groups of children.	
	e. Include listening to children attentively and with respect; teachers speak to each child frequently (by name), make eye contact and use clear, correct language patterns, and affectionate, supportive words.	
	f. Encourage and recognize children's work and accomplishments.	
K3	Teachers manage behavior by:	
	a. Helping individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.	
	b. Implementing classroom rules and expectations in a manner that is consistent and predictable.	
	c. Responding to challenging, unpredictable, or unusual behavior with their knowledge of children's homes and classroom life.	
	d. Observing patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.	
	e. Convening families and professionals to develop individualized plans to address behavior.	
	f. Using positive behavior support strategies.	
	g. Behavior management includes positive guidance, redirection, and the setting of clear limits that foster the child's ability to become self-disciplined. Teaching staff anticipate and take steps to prevent potential behavior problems.	
K4	Teachers make a concerted effort to understand what children are trying to communicate, and respond sensitively when children are frustrated or angry. Teaching staff actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues and by using simple language.	

K5	Teachers observe children who have challenging behavior and respond quickly and calmly to prevent children from hurting each other while showing understanding of the children's needs and feelings. Teaching staff assist children in resolving conflicts by helping them identify feelings, describe problems, try alternative solutions, and identify events, activities, interactions, and other contextual factors that predict challenging behavior and may contribute to the behavior.	
K6	Staff promote pro-social behavior and create a climate of mutual respect for children and their families by treating them with respect and dignity. No adult or child is treated differently because of a disability, or because of his/her race, religion, ethnic origin, or physical appearance.	
K7	Teaching staff are consistent and predictable in their physical and emotional care of all children. Corporal punishment; withdrawal of food, rest, or bathroom opportunities; and any form of emotional abuse are prohibited.	
K8	Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels, and cognitive and social development. Teaching staff adjust their interactions to infants' and toddlers'/2-year-olds' various states and levels of arousal.	
K9	Teaching staff give one-to-one attention to infants when engaging in caregiving routines. Teaching staff engage infants in frequent face-to-face social interactions each day. These include both verbal behaviors (e.g., talking, cooing, repeating infant sounds, and singing) and nonverbal behaviors (e.g., smiling, touching, and holding).	
K10	Teaching staff quickly respond to infants' and toddlers'/2-year-olds' cries or other signs of distress by providing physical comfort and needed care. The teaching staff are sensitive to infants' and toddlers'/2-year-olds' various signals and learn to read their individual cries. Teaching staff facilitate an infant's social interaction when he or she is interested in looking at, touching, or vocalizing to others.	
K11	Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other. Teaching staff facilitate positive peer interaction for children who are socially reserved or withdrawn and for those who are bullied or excluded.	
K12	Teachers provide children opportunities to develop the classroom community through participation in decision-making about classroom rules, plans, and activities.	
STANDARD: Program Operations		
	Gold Seal Criteria	Crosswalk or Comments for Review
L1	All components of program operation are guided by written policies that: <ul style="list-style-type: none"> a. Articulate thorough plans, systems, and procedures. b. Enable the program to run smoothly and effectively. c. Guide the program toward achieving its goals. d. Detail staff responsibilities, planning time, training and resources, e. Guide the appropriate use of specialized consultants to support the program's goals. 	
L2	Hiring procedures ensure that all employees in the program (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff) who come into contact with children in the program or who have responsibility for children: <ul style="list-style-type: none"> a. Have passed a criminal-record check in accordance with s. 402.305(2), F.S., and are free from any history of substantiated child abuse or neglect. b. Have cleared a sexual predator check. c. Are at least 18 years old (except vehicle drivers, who must be at least 21). d. Have completed high school or an equivalent diploma. e. Have provided personal references and a current health assessment that attest to the prospective employee's ability to perform the tasks required to carry out the responsibilities of their position. 	

L3	The child care program:	
	a. Fosters staff communication through staff meetings, a newsletter, written memoranda, suggestion boxes, etc.	
	b. Provides a written job description for each position and a policy in writing on nondiscrimination.	
	c. Provides staff with a staff lounge or separate break area and a staff bathroom. Staff have ways of taking breaks and finding relief at times of high stress.	
	d. Offers a benefits package for full-time staff that satisfactorily completes their introductory period of employment.	
	e. Has a teacher retention plan.	
	f. Has in place technology-based information management systems that collect and analyze data used to monitor program operation and to inform program improvement.	
L4	Confidential personnel files, including applications with records of experience, transcripts of education, health-assessment records, documentation of ongoing professional development, and results of performance evaluation, are kept in a secure location. Information about children and families is held in strictest confidence by the program staff.	
L5	At least annually, directors, parents, program staff and other ancillary professionals collaborate on a written evaluation of the program's effectiveness in meeting the needs of children, parents, and program modification. Staff and families have the opportunity to assist in making decisions to improve the program. The program uses this information to plan professional development and program quality-improvement activities, as well as to improve operations and policies.	
L6	The program has a formal merit evaluation program and every staff person is formally reviewed by a supervisor at least once each year. An individual professional development plan is generated from the staff evaluation process and is updated at least annually and ongoing as needed.	
L7	All teaching staff evaluate and improve their own performance based on ongoing reflection and feedback from supervisors, peers and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individualized professional development plan with their supervisor and use it to inform their continuous professional development.	
L8	Financial policies and the procedures to implement them:	
	a. Provide evidence of sound fiscal accountability using standard accounting practices.	
	b. Are consistent with the program's vision, philosophy, mission, goals, and expected child outcomes. The program has resources to support the program's vision, philosophy, mission, goals, operation, and expected child outcomes.	
	c. Include an annual operating budget.	
	d. Include at least a quarterly reconciliation of expenses to budget.	
	e. Include a system exists to review or adjust the budget if circumstances change.	
	f. Include the person directly responsible for program implementation (administrator, site manager, program manager, or supervising teacher) in long-range fiscal planning and in operating budget preparation, reconciliation, and review.	
g. Include a yearly audit. The program has a current year operations budget and quarterly income and expense statements that show revenues, expenses, and budget compared to actual.		
L9	Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what families request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention-special education screening and assessment services, and basic needs such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development.	

L10	Program staff: a. Develop partnerships and professional relationships with agencies, consultants, and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve.	
	b. Are familiar with family support services and specialized consultants who are able to provide culturally and linguistically appropriate services. They use this knowledge to suggest and guide families to these services as appropriate.	
	c. Encourage continuity of services for children by communicating with other agencies and programs to achieve mutually desired outcomes for children and to guide collaborative work.	
	d. Identify and establish relationships with specialized consultants who can assist all children's and families' full participation in the program. This assistance includes support for children with disabilities, behavioral challenges, or other special needs.	
	e. Advocate for the program and its families by creating awareness of the program's needs among community councils, service agencies, and local governmental entities.	
	f. Use their knowledge of the community and the families they serve as an integral part of the curriculum and children's learning experiences.	
	g. Connect with and use their community's urban, suburban, rural, or tribal cultural resources.	
	h. Inform families about community events sponsored by local organizations, such as museum exhibits, concerts, storytelling, and theater intended for children.	
	i. Invite members of the performing and visual arts community, such as musical performers, coordinators of traveling museum exhibits, local artists, and community residents, to share their interests and talents with the children.	
	j. Engage with other community organizations and groups to cosponsor or participate in cultural events to enrich the experience of children and families in the program.	
	k. Are encouraged to participate in local, state, or national early childhood education organizations by joining and attending meetings and conferences. Program staff are also encouraged to participate regularly in local, state, or regional public-awareness activities related to early care and education.	
l. Are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.		
L11	The program leadership: a. Encourages staff and families to work together to participate in and support community improvement or advocacy projects.	
	b. Builds mutual relationships and communicates regularly with close neighbors, informing them about the program, seeking out their perspectives, involving them in the program as appropriate, and cooperating with them on neighborhood interests and needs.	
	c. Is knowledgeable about how policy changes at local, state, tribal, or national levels affect the services and resources available for children and their families.	
L12	The program has written procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program. Employees and volunteers receive an instruction sheet about child abuse reporting that contains a summary of the state child abuse reporting statute, instructions on reporting and the chain of command, and a statement that they will not be discharged solely because they have made a child abuse report. Suspected incidents of child abuse/neglect must be reported to the Florida Abuse Hotline and appropriate local agencies.	

STANDARD: Family Interactions		
	Gold Seal Criteria	Crosswalk or Comments for Review
M1	The program has written policies and procedures that are updated at least annually and:	
	a. Demonstrate how the program prepares for, orients, and welcomes children and families.	
	b. Are shared verbally and in writing with families of enrolled children.	
	c. Are available in languages that families use and understand.	
	d. Include parent conflict resolution procedures.	
	e. Include program operations, such as tuition and fee schedules, payment and refunds, and attendance and vacation.	
M2	The program offers a parent display/bulletin board which covers, at a minimum, program description, policy statements, philosophy, schedules, and menus. The program compiles and provides program information to families in a language the family can understand. This information includes program policies and operating procedures.	
M3	Families may visit any area of the facility at any time during the program's regular hours of operation as specified by the procedures of the facility. Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.	
M4	The program has a procedure for transitioning children to another program or elementary school. This process includes reviewing children's specific needs, a family needs assessment, and a mechanism to share summary information. An informed consent form will be signed by the parent that identifies specifically what will be shared.	
M5	When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment. For children with persistent, serious, challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.	
M6	To better understand the cultural backgrounds of children, families, and the community, program staff (as a part of program activities or as individuals):	
	a. Participate in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families.	
	b. Use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds.	
	c. Actively use information about families to adapt the program environment, curriculum, and teaching methods to the families they serve.	
M7	Program staff:	
	a. Arrange the environment to be welcoming and accessible.	
	b. Make an effort to speak daily with each child's parents in order to briefly discuss the child's day and to report any unusual occurrence or special success.	
	c. Communicate with family members on an ongoing basis to learn about children's individual needs and ensure a smooth transition between home and program.	
	d. Share information with families about classroom rules, expectations, and routines not only at enrollment but also as needed throughout the year.	
	e. Hold parent-teacher conferences at least twice a year and at other times, as needed, to discuss individual children's needs, progress, and accomplishments.	

	f. Inform parents about the program and the curriculum, and about policy or regulatory changes and other critical issues that could potentially affect the program.	
	g. Provide parents with information regarding social services within the community, including health care services, assistance with basic and emergency family needs, and tuition payment alternatives.	
	h. Establish intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.	
	i. Ensure that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities.	
	j. Use a variety of formal and informal methods to communicate with families about the program philosophy and curriculum objectives, including educational goals and effective strategies that can be used by families to promote their children's learning.	
	k. Facilitate opportunities for families to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other.	
	l. Work together with families to plan events. Families' schedules and availability are considered as part of this planning.	
	m. Use a variety of mechanisms such as family conferences or home visits to promote dialogue with families. The program staff ask adults to translate or interpret communications as needed.	
	n. Inform families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and ways the program will use the information.	
	o. Communicate with families on a daily basis regarding infants' and toddlers'/2-year-olds' activities and developmental milestones, shared care giving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.	
	p. Encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.	
	q. Encourage and support families to make the primary decisions about services that their children need, and encourage families to advocate to obtain needed services.	
	r. Use a variety of techniques to negotiate difficulties that arise in their interactions with family members. Program staff make arrangements to use these techniques in a language the family can understand.	
	s. Provide basic general information on enrollment procedures and practices, visiting opportunities, and program options to help families with their transitions to other programs or schools.	

STANDARD: Renewal Process

	Gold Seal Criteria	Crosswalk or Comments for Review
N1	<p>The program must apply for accreditation renewal prior to the expiration date of the current accreditation to ensure that a lapse does not occur.</p> <ul style="list-style-type: none"> a. Program must provide an annual report. b. Provider must provide licensing inspections, including administrative actions as a result of noncompliance for the last two years. 	