

# Missouri Accreditation

*of Programs for Children and Youth*

## Self-Study Manual for Family Home Child Care (Serving Children Birth Through School Age)

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**Missouri Accreditation of Programs for Children and Youth**  
**2012 Cherry Hill Drive, Rosewood Bldg., Suite 206 Columbia, Missouri 65203**

**Directions:**

The Family Home Director/Owner/Provider is responsible for ensuring that they have a working knowledge of the accreditation process, policy and procedures, and the indicators. The Provider should complete the self-study using the one to three rating scale. This is the Provider's self-assessment of how the program meets the self-study indicators. It is the responsibility of the Provider to submit the self-study through the on-line MARIT system. If the application is accepted a MOA review team will evaluate the program site for compliance with each indicator.

The self-study should be scored using the rating scale of one (1) to three (3)

- 1- Indicator is met
- 2- Indicator is not met
- 3- Indicator is not applicable to the program

I. **Health, Safety, and Nutrition**

Quality Indicators	Ratings	
1. The Adult/Child Ratio meets Missouri Accreditation policy.	1	2
2. There is always an adult (18 or over) present and children are never left unsupervised for any amount of time.	1	2
3. Infants through 3 years receive continuous supervision, and are observed by provider/assistant at all times during indoor and outdoor activities.	1	2
4. Children 3 years and older are supervised during indoor and outdoor activities with provider/assistant being able to see or hear children at all times.	1	2
5. Emergency assistant (age 18 or older) designated to assume authority is available immediately to care for children during program hours.	1	2
<b>If enrollment fluctuations (e.g., during the week, over the summer months, etc.) information regarding how adult/child ratios are met must be described below.</b>		
6. Toxic substances, dangerous materials and all items marked “keep out of reach of children” are stored in original labeled container and kept in a locked room or cabinet, inaccessible to children, and away from medications, food items, utensils, food surfaces, toys, or child contact items. This includes hand sanitizers marked as “keep out of reach of children.”	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**I. Health, Safety, and Nutrition**

Quality Indicators

Ratings

The following are inaccessible to children (out of reach or in locked cabinets):

- |                             |   |   |
|-----------------------------|---|---|
| 7. Potentially toxic plants | 1 | 2 |
| 8. Cleaning supplies        | 1 | 2 |
| 9. Medications              | 1 | 2 |
| 10. Dangerous materials     | 1 | 2 |
| 11. Guns/weapons            | 1 | 2 |
| 12. Alcoholic beverages     | 1 | 2 |
| 13. Unlicensed areas        | 1 | 2 |
| 14. Cosmetics               | 1 | 2 |
| 15. Tobacco                 | 1 | 2 |
| 16. Pesticides              | 1 | 2 |

Bathrooms are sanitary and safe

- |  |   |   |
|--|---|---|
| 17. Toilets and hand washing facilities are clean.   | 1 | 2 |
| 18. Soap and disposable towels are provided.   | 1 | 2 |
| 19. Provisions are available to safely reach sinks and toilets.  | 1 | 2 |
| 20. Changing and disposing of diapers (if applicable) are done in a sanitary manner.   | 1 | 2 |
| 21. Indoor/outdoor materials, equipment, and supplies are safe and in good condition.<br>(No sharp edges, nails sticking out, missing parts, etc.)             | 1 | 2 |
| 22. Safe access is provided to the outdoor play area that is secured or fenced for<br>protection of children from traffic, water, and other hazards.           | 1 | 2 |
| 23. Outside playground area is cleaned/checked for foreign materials/debris and is free<br>of animal excrement. Outdoor sandboxes are covered when not in use. | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**I. Health, Safety, and Nutrition**

Quality Indicators

Ratings

The program has a written policy defining symptoms of sick children, which must be included in Family Handbook, which includes:

- |   |   |   |
|---|---|---|
| 24. When (e.g., symptoms, fever, etc.) children should not be brought to the program. | 1 | 2 |
| 25. When parents/backup will be contacted to come for children.                       | 1 | 2 |
| 26. When children will be isolated.   | 1 | 2 |
| 27. When children will be allowed to reenter the program.                             | 1 | 2 |

Provisions are made for the safe arrival and departure of all children:

- |  |   |   |
|--|---|---|
| 28. A system is followed to ensure that children are released only to authorized people.   | 1 | 2 |
| 29. Family member or child, if school-age, is responsible for signing in and out of the program. Provider and /or Assistant witness the arrival and departure of all children. | 1 | 2 |
| 30. A system exists for follow-up in the event a child does not arrive as anticipated.   | 1 | 2 |

Children wash their hands independently or with staff assistance. Hand washing for children requires that both hands be washed with liquid/foam soap and rinsed thoroughly under water for approximately 10 seconds. Using antiseptic waterless washes does not count as substitutes for hand washing.

- |  |   |   |
|--|---|---|
| 31. Upon arrival for the day   | 1 | 2 |
| 32. After toileting or diapering   | 1 | 2 |
| 33. After nose wiping  | 1 | 2 |
| 34. After sneezing or coughing when hands are contaminated   | 1 | 2 |
| 35. Before and after meals and snacks  | 1 | 2 |
| 36. After playing in water that is shared by two or more people  | 1 | 2 |
| 37. After touching contaminated objects (animals, trash can lids, walls, hand rails, sand, dirt or water play) | 1 | 2 |
| 38. After outdoor play   | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**I. Health, Safety, and Nutrition**

Quality Indicators

Ratings

Provider/Assistant continually alert to the health and safety of each child:

- |   |   |   |
|---|---|---|
| 39. Individual medical problems and accidents are recorded.   | 1 | 2 |
| 40. Individual medical problems and accidents are reported to Provider/Assistant/Families.  | 1 | 2 |
| 41. Allergies (e.g., insect stings, food, plants, etc.) and individual specialized plans including emergency procedures are prominently posted in the case of allergic reactions.   | 1 | 2 |
| 42. The program has a written policy, (and Provider/Assistant practices) standard precautions regarding the use of disposable gloves and the handling of blood, feces and bodily fluids.  | 1 | 2 |
| 43. Trash is removed daily from plastic-lined, covered trash cans that are clean and non-absorbent. Inside containers are covered or inaccessible to children. Outside refuse area is clean with containers covered at all times. | 1 | 2 |

A First-Aid Kit is readily available on-site and during field trips including:

- |                            |   |   |
|----------------------------|---|---|
| 44. Rubber gloves          | 1 | 2 |
| 45. Band-aids/gauze        | 1 | 2 |
| 46. First aid instructions | 1 | 2 |
| 47. Emergency numbers      | 1 | 2 |
| 48. Ice pack               | 1 | 2 |

The following numbers are visible accessible near the telephone:

- |  |   |   |
|--|---|---|
| 49. Local Emergency or 9-1-1                     | 1 | 2 |
| 50. Poison Control                               | 1 | 2 |
| 51. Parents'/Families' daytime telephone numbers | 1 | 2 |
| 52. Hotline number                               | 1 | 2 |
| 53. Emergency Assistant                          | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**I. Health, Safety, and Nutrition**

Quality Indicators	Ratings		
54. Entire family child-care home is smoke-free while children are in attendance.	1	2	
55. A separate area away from the other children is provided for ill children until picked up by a parent/emergency back up.	1	2	
56. All non-pool water play must have direct supervision by the provider.	1	2	
57. Pools are filtered. Unfiltered wading pools/swimming pools are not used.	1	2	3 (N/A)
58. The provider and an adult, 18 years or older, will provide direct supervision while the pool is in use. Pools must be separately fenced with at least a 42" high fence with a locked gate. With an above ground pool a 42" fence may be used around the top of the pool with barricades of the steps to the pool deck.	1	2	3 (N/A)
59. An adult with a valid lifeguard training certificate, including infant/child CPR, is present at all times when a swimming or wading pool containing a depth of 36" or more of water is being used.	1	2	3 (N/A)
Food is provided, it is nutritious and is prepared and served hygienically:			
60. Menus for snacks and meal are posted. Feeding items and food consumption information is provided to parents of infants and toddlers at the end of each day.	1	2	
61. Feeding tables and high chairs are washed, rinsed and sanitized before and after each child's meal, using the 3-step sanitation method. (Wash with soapy water, rinse with clean water, sanitize with bleach water solution, and allow the table surface to air dry. A clean paper towel must be used with the first two steps.)	1	2	
62. Infants and toddlers who are served meals in high chairs are strapped in securely.	1	2	
63. Well-balanced meals and snacks are served in child-sized portions.	1	2	
64. Any unused formula is disposed of after each feeding.	1	2	

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**I. Health, Safety, and Nutrition**

Quality Indicators

Ratings

Meal and snack times promote good eating habits:

- |  |   |   |
|--|---|---|
| 65. Children are encouraged to serve and feed themselves   | 1 | 2 |
| 66. Chairs and tables are comfortable, and eating utensils are suitable for the size and developmental levels of children.   | 1 | 2 |
| 67. Meal and snack times are pleasant social and learning experiences for the children.  | 1 | 2 |
| 68. Foods related to children's cultural backgrounds are served periodically.  | 1 | 2 |
| 69. At least one adult sits with the children during meals and snacks, when possible, to encourage communication and child/provider interaction.   | 1 | 2 |
| 70. Infants are held with head in an inclined position during bottle-feeding, bottles are never propped.   | 1 | 2 |
| 71. A sink with running hot and cold water is immediately accessible to the diapering area. Disposable paper towels are used for drying hands and must be disposed of after one use. Staff must wash children's and infants' hands after diapering.  | 1 | 2 |
| 72. Soiled diapers and clothes are disposed of or held for laundry in closed containers inaccessible to the children.  | 1 | 2 |
| 73. Diapering table is an easy-to-clean surface; surface is cleansed, rinsed, and sanitized after each diaper change, using the 3-step sanitation method. (Wash with soapy water, rinse with clean water, sanitize with bleach water solution, and allow the table surface to air dry. A clean paper towel must be used with the first two steps.) | 1 | 2 |
| 74. Children are taught and practice fire emergency plans/systems on a monthly basis.  |   |   |
| 75. Other emergency evacuations (earthquake, tornado) are practiced on a monthly basis.  | 1 | 2 |
| 76. Fire extinguishers are available and in working order  | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.



**I. Health, Safety, and Nutrition**

Quality Indicators	Ratings	
77. Smoke detectors are in working order	1	2
78. Emergency evacuation procedures are visible posted	1	2
79. Water tables are emptied daily, or more frequently as required, and sanitized after use.	1	2
80. Sides of separated infants' cribs are in a locked position when occupied.	1	2
81. Toys are routinely picked up to provide walking space and accessibility to exits in an in an emergency.	1	2
82. Toys that are mouthed are cleaned, rinsed and sanitized after each child's use.	1	2
83. Cot/bed for children under 5.	1	2
84. Quiet space is provided for children 5 and older.	1	2
85. Crib space is provided for children younger than 12 months.	1	2
86. Separate sleeping space is provided for each child when overnight care is provided.	1	2
87. Children under twelve (12) months must be placed on their backs for sleeping as a way to reduce the risk for SIDS and other sleep related causes of infant death.	1	2
88. Items smaller than 1 ½ inches in diameter and any item not passing a no choke tube test are inaccessible to infants and children.	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**I. Health, Safety, and Nutrition**

Quality Indicators

Ratings

The following indicators (indicators 82 through 97) apply anytime the children leave the home, whether the children are walking or being transported in a vehicle:

89. Constant supervision is provided for children of all ages even when away from the facility.	1	2	3 (N/A)
90. Written parental permission for all children is received prior to each trip.	1	2	3 (N/A)
91. All field trips provide developmentally appropriate experiences for all children.	1	2	3 (N/A)
92. Site maintains a written emergency action plan to be followed in the occurrence of an accident, protocol for vehicle breakdown, inclement weather, and emergency numbers.	1	2	3 (N/A)
93. Information is left at the home and a copy taken on the trip, which includes names of all children and adults, the destination and times.	1	2	3 (N/A)
94. Identifying information (the name of the provider/assistant, children and the names, addresses and telephone numbers of each child's parent/guardian, the emergency contact information for each child, and the treatment authorization form for each child) is carried by the provider at all times.	1	2	3 (N/A)
95. MOA Adult/child ratios are maintained at any time the children are away from the facility.	1	2	3 (N/A)
96. Face-to-name head counts of children are taken before leaving the facility, during the activity, after taking the children to bathrooms, and when they return to the facility. Written documentation of this will be maintained on site.	1	2	3 (N/A)

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your classroom(s).

**I. Health, Safety, and Nutrition**

Quality Indicators	Ratings		
97. Face-to-name head counts of children are taken before leaving the facility, entering the <u>vehicle</u> , during the activity, after taking the children to the bathrooms, after returning to the <u>vehicle</u> , and when returning to the facility. Written documentation of this will be maintained on site.	1	2	3 (N/A)
98. The driver of any vehicle used to transport children is no less than 18 years of age and has a valid driver's license as required by Missouri law.	1	2	3 (N/A)
99. All vehicles used to transport children are licensed in accordance with Missouri law and carry appropriate insurance.	1	2	3 (N/A)
100. All children being transported are seated in a permanent seat and restrained by seat belts or child restraint devices as required by Missouri law and in accordance with Child Passenger Safety Precautions.	1	2	3 (N/A)
101. Appropriate supervision for children requires adults, in addition to the driver, to be with the children at all times.	1	2	3 (N/A)
102. Children are never left unattended in a vehicle.	1	2	3 (N/A)
103. Vehicles are inspected to ensure that no children are left on or under seats, or anywhere else in the vehicle.	1	2	3 (N/A)
104. Provider supplies the vehicle with emergency items that include a first aid kit, first aid instructions and cell phone.	1	2	3 (N/A)

**II. Children and Family Relationships and Interactions**

Quality Indicators	Ratings	
1. Provider/assistant positions himself/herself and moves around as needed to maintain interaction with all children.	1	2
2. Provider/assistant frequently engages in conversations with all children, asking open-ended questions such as how, why, and what happens if.	1	2
3. Provider/assistant uses both praise and direct, specific positive feedback about children's actions.	1	2
4. Provider/assistant helps children cope with disappointment and appreciate success by encouraging and assisting them to express feelings in acceptable words or actions.	1	2
5. Provider/assistant promotes social interaction among all children regardless of differences/abilities.	1	2

Provider/assistant models, encourages, plans for, and guides development of positive social action and feelings, including:

6. Acceptance of Diversity	1	2
7. Cooperation	1	2
8. Gentle Touching	1	2
9. Turn Taking	1	2
10. Sharing	1	2
11. Compromise	1	2
12. Friendship	1	2
13. Affection	1	2
14. Humor	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**II. Children and Family Relationships and Interactions**

Quality Indicators	Ratings	
15. Provider/assistant addresses each child by name (with minimal use of impersonal and collective terms such as "group", and "boys and girls").	1	2
16. Provider/assistant uses active/reflective listening	1	2
17. Provider/assistant speaks in a gentle, reassuring tone	1	2
18. Provider/assistant plays and interacts with children in a supportive, friendly, positive and courteous manner	1	2
19. Provider/assistant makes eye contact at children's level when interacting	1	2
Provider/assistant encourages independence in children by involving them in routine activities:		
20. Picking up toys	1	2
21. Clean-up (e.g., after activities and mealtimes)	1	2
22. Self-help skills (e.g., diapering, toileting, washing hands, brushing teeth, changing clothing, putting on shoes)	1	2
23. Caring for materials	1	2
24. Choosing material	1	2
25. Choosing activities	1	2
26. Caring for child's own personal belongings	1	2
27. Developmentally appropriate limits and guidelines for behavior have been established and are communicated clearly and consistently to children. These are individualized based on the child's ability to function and understand.	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**II. Children and Family Relationships and Interactions**

Quality Indicators

Ratings

Provider/assistant uses positive techniques for guidance, which are appropriate for children's developmental levels:

- |   |   |   |
|---|---|---|
| 28. Anticipation of and elimination of potential problems   | 1 | 2 |
| 29. Discussion/Explanation  | 1 | 2 |
| 30. Redirection/Distraction   | 1 | 2 |
| 31. Encouragement rather than competition, comparison, or criticism   | 1 | 2 |
| 32. Group/individual discussions  | 1 | 2 |
| 33. Provider/assistant proximity  | 1 | 2 |
| 34. Facilitation of problem solving   | 1 | 2 |
| 35. Positive Reinforcement  | 1 | 2 |
| 36. Children are taught self-regulation by being allowed time away from the group, a self-initiated technique. Time away from the group is only used to help the child gain self-control. The child determines when he/she is ready to return to the group. | 1 | 2 |
| 37. Provider/assistant abstains from corporal punishment, isolation, bribery, shaming, or other humiliating or frightening discipline techniques.   | 1 | 2 |
| 38. Provider/assistant refrains from demeaning remarks, taunting, or hurtful teasing to other adults or children about a child's or children's behavior, appearance, or personality.  | 1 | 2 |
| 39. To encourage cooperation and kindness, children are given opportunities to work together and to assist and learn from each other.   | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**II. Children and Family Relationships and Interactions**

Quality Indicators	Ratings		
40. There is open communication between provider and those individuals who are providing specialized services to children in care (if applicable).	1	2	3(N/A)
41. Food, rest, toilet training, etc. is not to be associated with punishment or the threat of punishment.	1	2	
42. Provider/assistant exhibits nurturing behaviors toward all children (e.g., tone of voice, body language, appropriate touching, holding, cheerful voice, and smiles).	1	2	
43. Provider/assistant has established a positive relationship with each individual child.	1	2	
44. The program setting is inviting and pleasant. Happy and contented sounds are heard most of the time. Adult voices do not predominate.	1	2	
45. Provider's own children, while participating in the child care program, are not shown differential treatment in food choices, selection in toys, discipline techniques, activities, and scheduling.	1	2	
46. Provider's own children are supported in having positive experiences during operations hours including protecting his/her own possessions and space.	1	2	
47. Provider's own family maintains a positive environment at all times that children are present.	1	2	

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**II. Children and Family Relationships and Interactions**

Quality Indicators

Ratings

Information about the program is given to families in a handbook. It includes:

- |  |   |   |
|--|---|---|
| 48. Description of responsibilities for Provider/Assistant to families   | 1 | 2 |
| 49. Description of program's philosophy, goals, and objectives   | 1 | 2 |
| 50. Schedule of daily routines   | 1 | 2 |
| 51. Description of curriculum overview   | 1 | 2 |
| 52. Description of program's policies, and fees (if applicable)  | 1 | 2 |
| 53. Description of behavior management policies and procedures   | 1 | 2 |
| 54. Health guidelines regarding children's attendance and dismissal (symptoms, parent contact, etc.)   | 1 | 2 |
| 55. Description of injury/accident guidelines outlining step-by-step procedures  | 1 | 2 |
| 56. Description of policy and procedures for Provider and families to discuss differences and difficulties   | 1 | 2 |
| 57. Description of process for orienting child/family to the program   | 1 | 2 |
| 58. Description of materials that are accessible to families (Family Safety Care Registry Screening results, licensing regulations and reports, lesson plans, child's developmental records, etc.) | 1 | 2 |
| 59. Policy regarding ill Provider/Assistant  | 1 | 2 |
| 60. Description of how parents have access to information on Shaken Baby, Child Abuse and Neglect and positive discipline.   | 1 | 2 |
| 61. There is a planned process for orienting the child and family to the program.  | 1 | 2 |
| 62. Family members of enrolled children are encouraged to visit the program and observe their children at any time.  | 1 | 2 |
| 63. The program has a plan for continued growth and improvement with parents/families providing input into program planning and evaluation.  | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.



**II. Children and Family Relationships and Interactions**

Quality Indicators	Ratings		
64. Family members have opportunities to be involved in the ongoing program with their children. (Celebrations, Field trips, Sharing expertise, skills, interests, family customs, Sharing meals, Volunteering with the program or Special projects)	1	2	
65. Caregiver interactions with family members are characterized by warmth, friendliness, and respect.	1	2	
66. Caregiver routinely discusses children's developmental progress with families.	1	2	
Written and spoken methods are used to promote good communication between program and family.			
67. Daily greeting and brief conversations upon arrival and departure	1	2	
68. Family conferences/in-depth conversation, regularly scheduled as needed and private space is available and confidentiality assured.	1	2	
69. Information area/bulletin boards	1	2	
70. Daily reports	1	2	
71. Optional home visits	1	2	3(N/A)
72. Progress reports, regularly scheduled as needed and private space is available and confidentiality assured	1	2	
73. Newsletters	1	2	
74. Special notices	1	2	
75. Phone calls; emails	1	2	
76. Surveys for families to share home culture, ideas for the program, etc	1	2	
Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.			

**II. Children and Family Relationships and Interactions**

Quality Indicators

Ratings

- |  |   |   |
|--|---|---|
| 77. Resource information and services are available to families (Materials and/or information community resources, including those for families of children with special needs (Parents as Teachers, First Steps, Head Start, parent Link, etc.), Family/child resource library, Parent groups (support, education, interest, social, etc.), Individual counseling and /or referral services, and information regarding kindergarten link with school that is available to families. | 1 | 2 |
| 78. Families are informed and involved in the transition process to the next program setting   | 1 | 2 |
| 79. Families are informed that they have access to Family Care Safety Registry Screening results, Licensing regulations and reports, Lesson plans and Children's developmental records.  | 1 | 2 |
| Providers partner with families to:  |   |   |
| 80. Establish and support each individual child's developmental goals.   | 1 | 2 |
| 81. Make toileting, feeding, dressing, hand washing and the development of other independent skills a positive experience for children.  | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**III. Physical Environment**

Quality Indicators

Ratings

Facility is safe for children:

- |   |   |   |        |
|---|---|---|--------|
| 1. There is enough light so that provider and children can read and use materials without eye strain  | 1 | 2 |        |
| 2. Natural light can be controlled (adjustable blinds, shades or curtains)  | 1 | 2 |        |
| 3. There is enough air circulation so that there are not unpleasant or strong odors in the room for long periods of time  | 1 | 2 |        |
| 4. Space is accessible to all children and adults currently using the classroom (stairways, handrails, ramps, for people with disabilities, access for wheelchairs and walkers) | 1 | 2 |        |
| 5. Window screens are secured and in good repair.   | 1 | 2 | 3(N/A) |
| 6. Windows cannot be opened more than 3 ½ inches, have safety guards, or can be opened from the top.  | 1 | 2 |        |
| 7. Stairway is safe, well lighted, gated, and equipped with handrails that children can reach.  |   |   |        |
| 8. In areas where children are allowed, electric outlets are covered, choke-proof outlet covers, and exposed wires are secured.   | 1 | 2 |        |
| 9. Contains lead free paint.  |   |   |        |
| 10. All types of cords are secured and not in view or easy reach of children  | 1 | 2 |        |
| 11. Phones work properly, are easily accessible and at least one phone has access to 9-1-1 (or local emergency number).   | 1 | 2 |        |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**III. Physical Environment**

Quality Indicators	Ratings	
12. Exits are easily accessible and are not blocked.	1	2
13. Room is at a comfortable temperature (68 °F - 85°F) measured two feet from the floor.	1	2
14. Program space, doorways, bathrooms, and sinks with warm running water are in working order and are accessible or adapted as needed to allow all children to participate or to use with minimal adult assistance.	1	2
15. Indoor flooring (including steps, carpets, rugs) are well maintained, clean, and safe for use by all children.	1	2
16. There is a minimum of 35 square feet of usable indoor space per child to allow for freedom of movement. The environment is pleasant and not over stimulating.	1	2
17. The indoor environment includes soft comfortable items that are clean and well maintained such as easily washable rugs and cushions. Bean bag furniture is not allowed in programs serving infants and toddlers.	1	2
18. Material and furniture are arranged in an orderly manner, to allow for supervision with defined activity areas for a variety of small group and individual learning experiences.	1	2
19. All children move easily throughout the play space.	1	2
20. Children may play/work without interference.	1	2
21. Quiet area is provided.	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

III. **Physical Environment**

Quality Indicators

Ratings

22. Children needing adaptive equipment (wheelchairs, walker etc.) can participate without restriction. 1 2

23. Reasonable adaptations to the environment are made so children can participate without restriction. 1 2

The environment is adapted to meet the needs of individual children.

24. Individual space is provided for each child's belongings 1 2

25. Sound absorbent materials (such as washable rugs, ceiling tiles, etc.) are used to lessen the noise, particularly for children who have a hearing loss or are easily distracted. 1 2

26. Children have many opportunities for variety and change, both in activities and environment throughout the day. 1 2

27. Major changes in room arrangement and daily program schedules are kept to a minimum. 1 2

The food prep area is safe and sanitary:

28. Floors, walls, ceiling and equipment are clean and in good repair 1 2

29. Equipped for safe storage, preparation and service of food 1 2

30. The kitchen is not used for children's play activities unless the activities are part of the learning program and the children are supervised by adults. 1 2

31. Equipped so that food preparation surfaces, dishes, and utensils are sanitized using the three step method. (Wash with soapy water, rinse with clean water, sanitize with bleach water solution, and allow the table surface to air dry. A clean paper towel must be used with the first two steps.) 1 2

32. Refrigerator at 41 degrees Fahrenheit or less equipped with a readable thermometer 1 2

33. Food, milk and formula containers labeled with child's name and date 1 2

34. Thermometer available to take food temperatures 1 2

35. The kitchen is not to be used for napping 1 2

36. If microwave is used, food is stirred thoroughly and temperature taken before served 1 2

37. Free of through traffic and hazards 1 2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

III. **Physical Environment**

Quality Indicators

Ratings

The following developmentally appropriate materials/equipment used indoors/outdoors is safe, accessible and must be well maintained for **infants**, this includes a variety of the following.

38. Toys children can gum or chew.	1	2
39. Toys that are easy to grasp.	1	2
40. Toys that make sounds.	1	2
41. Toys to fill and empty	1	2
42. A system exists to rotate available materials and equipment as children's needs and interests change.	1	2
43. Resilient materials are used under climbing apparatus indoors if over 24 inches in height.	1	2
44. Spaces/openings in equipment are less than 3 ½ inches or more than 9 inches.	1	2
45. Toys of various shapes and textures.	1	2
46. Toys that demonstrate mechanical relationships.	1	2
47. Surfaces are different textures on which to roll, crawl, etc.	1	2
48. Soft blocks.	1	2
49. Balls.	1	2
50. Cloth or hard-paged books.	1	2
51. Toys to cuddle.	1	2
52. Mounted crib toys.	1	2
53. Unbreakable mirrors.	1	2
54. Cribs/playpens.	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

III. **Physical Environment**

Quality Indicators

Ratings

The following developmentally appropriate materials/equipment used indoors/outdoors are safe, accessible and must be well maintained for **toddlers**, this includes a variety of the following:

55. Art supplies including painting equipment, large brushes, newsprint, paste, glue, crayons, safety scissors, etc.	1	2
56. General sensory activities/accessories (sand, water, dough, clay, etc.).	1	2
57. Dramatic play accessories (hats, purses, shoes, dolls, stuffed animals, play cooking equipment, etc.).	1	2
58. Manipulatives (puzzles, beads, pegs, games, etc.) with pieces larger than 1 ½ inches in diameter.	1	2
59. Construction (blocks, Legos, etc.).	1	2
60. Books	1	2
61. Music equipment and instruments (tape recorders, CDs, etc.)	1	2
62. Climbing equipment.	1	2
63. Wheeled equipment.	1	2
64. Push and Pull toys.	1	2
65. Toys to cuddle.	1	2
66. Furniture for children's use.	1	2
67. A system exists to rotate available materials and equipment, as children's needs and interests change.	1	2
68. Resilient materials are used under climbing apparatus indoors if over 24 inches in height.	1	2
69. Spaces/openings in equipment are 3 ½ inches or less or more than 9 inches.	1	2
70. Toys for filling and dumping	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

III. **Physical Environment**

Quality Indicators

Ratings

The following developmentally appropriate materials/equipment used indoors/outdoors are safe, accessible and must be well maintained for **preschoolers**, this includes a variety of the following:

- |   |   |   |
|---|---|---|
| 71. Art supplies including painting equipment, large brushes, newsprint, paste, glue, crayons, scissors, etc. | 1 | 2 |
| 72. General sensory activities/accessories (sand, water, dough, clay, etc.).                                  | 1 | 2 |
| 73. Dramatic play accessories (housekeeping, puppets, prop boxes, etc.).                                      | 1 | 2 |
| 74. Manipulatives (puzzles, beads, pegs, games, etc.) with pieces larger than 1 ½ inches in diameter.         | 1 | 2 |
| 75. Construction (e.g., blocks, Legos, etc.).   | 1 | 2 |
| 76. Books   | 1 | 2 |
| 77. Music equipment and instruments (records, cassette tapes, etc.)   | 1 | 2 |
| 78. Cooking equipment.  | 1 | 2 |
| 79. Climbing equipment.   | 1 | 2 |
| 80. Wheeled toys.   | 1 | 2 |
| 81. Balls.  | 1 | 2 |
| 82. Toys to cuddle.   | 1 | 2 |
| 83. Toys for filling and dumping  | 1 | 2 |
| 84. Computers (optional)  | 1 | 2 |
| 85. Furniture for children's use.   | 1 | 2 |
| 86. A system exists to rotate available materials and equipment, as children's needs and interests change.    | 1 | 2 |
| 87. Resilient materials are used under climbing apparatus indoors if over 24 inches in height.                | 1 | 2 |
| 88. Spaces/openings in equipment are 3 ½ inches or less or more than 9 inches.                                | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.



III. **Physical Environment**

Quality Indicators

Ratings

The following developmentally appropriate materials/equipment used indoors/outdoors are safe, accessible and must be well maintained for **school age children**, this includes a variety of the following:

89. Art supplies including painting equipment, large brushes, newsprint, paste, glue, crayons, scissors, etc.	1	2
90. General sensory activities/accessories (sand, water, dough, clay, etc.)	1	2
91. Dramatic play accessories (hats, purses, shoes, dolls, stuffed animals, play cooking equipment, etc.)	1	2
92. Sporting equipment	1	2
93. Board games	1	2
94. Construction (blocks, Legos, etc.)	1	2
95. Woodworking tools and materials	1	2
96. Reference materials	1	2
97. Books	1	2
98. Computers (optional)	1	2
99. Cooking equipment	1	2
100. Music equipment and instruments (records, cassettes tapes, etc.)	1	2
101. Furniture for children's use	1	2
102. Climbing equipment	1	2
103. A system exists to rotate available materials and equipment	1	2
104. Resilient materials are used under climbing apparatus indoors if over 24 inches in height.	1	2
105. Spaces/openings in equipment are 3 ½ inches or less or more than 9 inches	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**III. Physical Environment**

Quality Indicators

Ratings

If napping occurs:

- |   |   |   |
|---|---|---|
| 106. For preschool/school-age children an individual cot or mat with a blanket and sheet; for infants/toddler a crib or playpen with sheet must be provided (with parental permission, toddler may nap on cot). | 1 | 2 |
| 107. All materials must be washable, clean and well maintained.   | 1 | 2 |
| 108. If there are part-time children, bedding is changed between children.  | 1 | 2 |
| 109. There is an area where non-walking children can safely explore the environment.  | 1 | 2 |

Outdoor Play Space

- |  |   |   |
|--|---|---|
| 110. There is a minimum of 75 square feet of outdoor space per child at any one time.  | 1 | 2 |
| 111. Outdoor play space is safely accessible or adapted as needed to allow all children to participate.  | 1 | 2 |
| 112. Fall zone areas are under and around outdoor equipment where children might fall and be injured must be covered with resilient, impact-absorbing materials that will effectively cushion the fall of a child. | 1 | 2 |
| 113. The play area must be safe for children's activities, well maintained, and free of hazards and animal excrement.  | 1 | 2 |
| 114. Areas under and around outdoor equipment shall have continuous maintenance to ensure that materials remain in place and retain it's cushioning properties.  | 1 | 2 |
| 115. Outdoor material and equipment are safe, well maintained, and in good condition (void of sharp edges, splinters, nails, missing parts).   | 1 | 2 |
| 116. Sand boxes are clean and free of animal excrement and other hazardous materials. Sand boxes are to be covered when not in use.  | 1 | 2 |
| 117. Infants and Toddlers have available a safe and protected space.   | 1 | 2 |
| 118. Swing sets and large climbing equipment are stable or securely anchored.  | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**IV. Programming/Curriculum**

Quality Indicators

Ratings

Opportunities for children to make choices and explore their own interests are offered throughout the day must include:

- |   |   |   |
|---|---|---|
| 1. Child directed free choice play  | 1 | 2 |
| 2. Activities appropriate for the abilities and interests of children.  | 1 | 2 |
| 3. Free play occurs indoors and outdoors.   | 1 | 2 |
| 4. Provider provides a balance between activities initiated by children and those initiated by adults but most often follow the lead of the children. | 1 | 2 |
| 5. Based on the interests and skills of children the provider offers activities and materials that encourages self-directed play.                     | 1 | 2 |
| 6. Transitions are planned into the daily schedule to allow minimal waiting time and disruption. Children seem to know what is expected of them.      | 1 | 2 |

Daily schedule must include:

- |   |   |   |        |
|---|---|---|--------|
| 7. A consistent sequence of daily activities is maintained and/or adapted to meet the individual developmental needs of each child. | 1 | 2 |        |
| 8. Transitions are smooth and unhurried allowing children to finish at their own pace.  | 1 | 2 |        |
| 9. Balanced (active/quiet; small group/individual; indoor/outdoor; challenging or new/familiar; spontaneous/planned).               | 1 | 2 |        |
| 10. Opportunities are offered to help children explore new skills in a range of developmental areas                                 | 1 | 2 |        |
| 11. Study time for school age children who choose to do homework are provided a separate, quiet work space.                         | 1 | 2 | 3(N/A) |
| 12. An area is provided for school-age children to relax after the school day   | 1 | 2 |        |
| 13. No more than four (4) hours between meals and snacks  | 1 | 2 |        |
| 14. A minimum of one (1) hour of outdoor play, weather permitting   | 1 | 2 |        |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

#### IV. Programming/Curriculum

Quality Indicators	Ratings	
15. A written daily schedule for all ages served is established and posted for parents (Note: written daily schedule is submitted with application through the MARIT system or submitted to MOA office)	1	2
16. Children are not forced to participate in activities they do not enjoy.	1	2
17. Children are allowed to move in and out of an activity, stand and watch or choose not to participate.	1	2
A variety of activities are offered to children that promote success:		
18. Trying new activities	1	2
19. Open ended questions such as why, what if, how, etc.	1	2
20. Conflict resolution by talking through their feelings and finding their own solutions.	1	2
21. Encouraging children to work together, share and take turns	1	2
Children's activities are supported by the provider in the following ways:		
22. The provider does not dominate	1	2
23. Provider observations	1	2
24. Provider participation	1	2
25. Offers a variety of materials and equipment	1	2
26. Sharing experiences	1	2
27. Offers opportunities to practice and explore	1	2
28. Allows children to make choices	1	2
29. Helps children with problem solving skills	1	2
30. Making positive suggestions	1	2
31. Interactive games for all ages	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**IV. Programming/Curriculum**

Quality Indicators	Ratings	
32. The provider offers children opportunities to learn specific skills and concepts that they are interested in exploring.	1	2
33. The provider helps children to acquire and use oral language to communicate information, thoughts, and feelings, and to talk and listen with understanding.	1	2
34. The provider has meaningful conversation with all children throughout the day.	1	2
35. The provider shows an interest and responds positively to all children	1	2
36. The provider encourages children to listen and respond to others in a respectful manner.	1	2
37. The provider communicates with children to match their understanding.	1	2
38. The provider attempts to recognize the child's individuality by responding appropriately to efforts to communicate. If needed the provider learns alternate forms of communication.	1	2
39. All children are provided daily experiences with both written and oral language. (reading and telling stories, pictures, puppets, and conversations during routine care)	1	2
40. Children with little expressive language are encouraged to communicate with sounds, gestures, sign language, or other forms of communication.	1	2
41. Provider helps children with language skills by repeating sounds and syllables, rhymes and rhythms, and simple songs, as well as quiet conversations.	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**IV. Programming/Curriculum**

Quality Indicators	Ratings	
42. A variety of age, individually, and content-appropriate books are available to children for use during each day (e.g., washable books for infant/toddlers, picture books, beginning readers)	1	2
43. Provider reads aloud to children daily	1	2
44. Provider encourages children to look at or read books alone	1	2
45. Provider teaches children to handle books with care	1	2
46. Provider allows children to express their interest in writing or drawing	1	2
47. All children have a variety of daily opportunities for small motor experiences, (such as scribbling cutting with scissors, tying shoes, using art materials, puzzles, small blocks, etc.)	1	2
48. All children have a variety of daily opportunities for gross motor activities (such as running, jumping, climbing, balancing, pedaling, throwing, catching, dancing and games.)	1	2
All children regularly engaged in and are encouraged to use a wide range of experiences, which include:		
49. Music and movement	1	2
50. Art	1	2
51. Pretend play	1	2
52. Self-help skills (tying shoes, putting on coats, etc.)	1	2
53. Manipulatives (puzzles, Play-Doh, board games, etc.)	1	2

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**IV. Programming/Curriculum**

Quality Indicators

Ratings

- |  |   |   |
|--|---|---|
| 54. Children are encouraged to think for themselves and learn to problem solve on their own and with others to promote confidence in their abilities.  | 1 | 2 |
| 55. All children have opportunities to work with natural materials such as soil, sand, water clay wood, and other sensory materials.   | 1 | 2 |
| 56. Outdoor experiences are a part of the child's daily routine for a total of at least one (1) hour per day in the event children cannot experience outdoor play, an alternate plan is available for active play. | 1 | 2 |
| 57. The provider respects and helps children understand other cultures, ethnic groups and abilities. (Examples may include, but are not limited to, dolls, books, art materials, music resources, etc.)            | 1 | 2 |
| 58. Children have opportunities to learn math and science concepts in daily activities such as match, sort, arrange items in sequence, counting, and measuring.  | 1 | 2 |
| 59. Art activities are accessible for children ages three (3) and over to experience basic art opportunities.  | 1 | 2 |
| 60. The provider expresses positive comments on children's art focusing on the children's imagination and abilities and does not show preference for work that looks realistic.                                    | 1 | 2 |
| 61. Opportunities are provided for children to participate in making music with their voices or instruments. (Instruments may be home-made.)   | 1 | 2 |

Remarks/Comments: Select one indicator from above and comment on how this indicator will be viewed in your home.

**IV. Programming/Curriculum**

Quality Indicators

Ratings

If television, videos, computers, game consoles are used, the content must be:

- |  |   |   |
|--|---|---|
| 62. Age appropriate (non-violent, non sexually explicit, non stereotypical—this includes cartoons).  | 1 | 2 |
| 63. Limited to no more than one (1) hour per day or one (1) full length movie  | 1 | 2 |
| 64. Should a child not wish to participate, alternative activities are available.  | 1 | 2 |
| 65. The provider limits computer use to no more than twenty (20) minutes per day, per child and is monitored by the provider.                    | 1 | 2 |
| 66. All computer software promotes children's active involvement, group participation, learning and creativity.                                  | 1 | 2 |
| 67. If internet is used by children, the provider actively monitors its use.   | 1 | 2 |
| 68. When school-agers are engaged in an educational project, computer use is not limited.  | 1 | 2 |
| 69. If a child wishes to have solitary time (e.g., cuddling a soft toy, looking at a book, resting) a quiet place and adult support is provided. | 1 | 2 |
| 70. Children have opportunities for working together—such as team building and sharing.  | 1 | 2 |
| 71. Children are taught to respect each other's possessions and activities.  | 1 | 2 |

When caring for infants, all staff:

- |   |   |   |
|---|---|---|
| 72. Carry non-mobile infants around the environment, show them interesting events and people, brings objects to them, and change their positions frequently.  | 1 | 2 |
| 73. Make frequent opportunities for floor play each day.  | 1 | 2 |
| 74. Limits time in equipment that restrains their movement to no more than twenty (20) minutes at a time, cribs (except for sleep), playpens, swings, baby carriers, car seats, highchairs (except when eating), and exersaucers. | 1 | 2 |

**Remarks/Comments:** Select one indicator from above and comment on how this indicator will be viewed in your home.



**IV. Programming/Curriculum**

Quality Indicators

Ratings

75. Each infant has an individualized schedule (eating, sleeping, toileting) responsive to parent input.	1	2
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Positive guidance, appropriate for the developmental abilities of each child, is used to help children gain self-control and take responsibility for their own behavior as listed below:

76. Provider minimizes toddlers' frustration through redirection.	1	2
---	---	---

77. No form of physical punishment or humiliation is ever used.	1	2
---	---	---

78. The provider does not criticize, shame, tease hurtfully, threaten or yell at children and is not physically rough with the children.	1	2
--	---	---

79. The provider establishes simple, understandable rules for children's behavior and explains them to the children.	1	2
--	---	---

80. Expectations for a child's behavior shall be appropriate the developmental level of that child.	1	2
---	---	---

81. Praise and encouragement of good behavior shall be used instead of focusing only upon unacceptable behavior.	1	2
--	---	---

82. Brief, supervised separation from the group may be used based on a guideline of one (1) minute of separation for each year of the child's age for those children age three (3) or older.	1	2
--	---	---

83. The provider has completed training and understands personal stress level to eliminate the possibility of shaking or harming a child.	1	2
---	---	---

84. The provider avoids power struggles with children by encouraging positive interactions as leaders and helpers.	1	2
--	---	---

**Remarks/Comments:** Select one indicator from above and comment on how this indicator will be viewed in your home.

## V. Administration

Quality Indicators

Ratings

### Section I. The following documentation should be collected and kept on-site in addition to your Self-Study Manuals(s)

- Each item should be addressed using a separate piece of documentation.
- If specific documentation does not apply to your program (e.g., field trips) this should be stated on a piece of paper and placed in the appropriate section within the documentation.
- Please identify all items submitted by marking the items with “1” or “2”, to correspond with the requirements below.
- Certain documentation may not apply to your program if an Assistant is not employed. Please contact Missouri Accreditation for further information.

- |  |   |   |
|--|---|---|
| 1. The Family Care Safety Registry from Missouri Department of Health and Senior Services screening results have been processed within the last two years and are on file for all providers, adult family members (age 18 and over), assistants (approved by the Missouri Department of Health and Senior Services), and volunteers in the home. | 1 | 2 |
| 2. Providers, adult family members (age 18 and over), assistants, and volunteers that had a finding on the Family Care Safety screening have been cleared by the Section for Child Care Regulation to remain at the Family Child Care Home during child care hours.  | 1 | 2 |
| 3. By scoring a 1 or 2, the Family Home Provider understands that Missouri Accreditation reserves the right to not accredit the Family Home if the provider, adult family members (age 18 and over), assistants, and volunteers have a felony or a finding of child abuse/neglect.   | 1 | 2 |

**V. Administration**

Quality Indicators

Ratings

Educational Requirements:

- |   |   |   |
|---|---|---|
| 4. Provider has a minimum of one of the following: High School Diploma or GED. Provider has submitted a copy of high school diploma or GED to the MOA office.   | 1 | 2 |
| 5. Staff roster listing the provider, adult family members (age 18 and over), assistants, emergency assistants and volunteers. All persons working directly with children are listed on staff roster submitted to the MOA office. | 1 | 2 |
| 6. Submitted to the MOA office: Assistant approval documentation by the Missouri Department of Health and Senior Services Section of Child Care Regulation.   | 1 | 2 |
| 7. Work schedule for each person, including the days and hours that each person works.  | 1 | 2 |
| 8. Volunteers may not count in staff/child ratio and must work under the direct supervision (on-site) of provider or approved assistant at all times.   | 1 | 2 |
| 9. Approved assistants and volunteers receive a modified orientation appropriate to their duties.   | 1 | 2 |

**V. Administration**

Quality Indicators

Ratings

There is an organized file or binder containing the following documents for the Review Teams on-site review that must include the following documents:

- |   |   |   |
|---|---|---|
| 10. The approved assistant(s) has a written job description defining responsibilities.  | 1 | 2 |
| 11. An annual written individualized professional development plan for providers workshops, and approved assistants for the next 12 months (may include child related conferences, or college course work, scheduled trainings, etc.)   | 1 | 2 |
| 12. All training (minimum of 12 hours per year) shall be documented on file with a copy of certificates of trainings attended by provider and approved assistant(s) showing the date attended, number of hours, subject and signed by the presenter. Newly approved assistants are required to obtain at least one clock hour per month starting with date of employment. | 1 | 2 |
| 13. Provider and approved assistant(s) shall have valid certification in both first aid and infant/child cardiopulmonary resuscitation (CPR).   | 1 | 2 |
| 14. Provider accesses and utilizes training and/or resources regarding children with special needs. (ex. books, training handouts, magazine articles, etc.)   | 1 | 2 |
| 15. A signed statement that the provider, approved assistants and volunteers have read, understand and have access to the State Licensing Regulations and Family Handbook.  | 1 | 2 |

**V. Administration**

Quality Indicators

Ratings

A printed copy of the Family Handbook is available for the Review Team and **must** include all the items below:

16. Date that Family Handbook was updated on front cover (at least annually) 1      2

17. Description of program's over all philosophy 1      2

18. Description of the program's policies pertaining to goals, admission, care and discharge of children 1      2

Description of program's developmentally appropriate daily activities which includes:

19. Physical Development 1      2

20. Cognition and Language 1      2

21. Creative Development 1      2

22. Social and Self-help Development 1      2

23. Description of program's guidelines and policies regarding fees 1      2

24. Step-by-step accident/injury and illness policy and procedures for children. 1      2

25. Description for parent(s) to understand how behavior will be handled. 1      2

26. Policy concerning contact with body fluids (Standard Precautions – the program has a written policy and staff practice standard precautions, regarding the use of disposable protective gloves and handling of blood and bodily fluids) see example at MOA website under resources. 1      2

**V. Administration**

Quality Indicators

Ratings

- |  |   |   |
|--|---|---|
| 27. Written policy and guidelines for emergency procedures for natural disasters and any other life-threatening or dangerous situations. | 1 | 2 |
| 28. Description or policy of how children will be transported (if children are not transported make statement in policies).              | 1 | 2 |
| 29. The program has a written child abuse and neglect policy which includes:   |   |   |
| 30. Procedures to be followed should Provider/Assistant/Volunteer be accused of abuse or neglect.  | 1 | 2 |
| 31. Requirements and procedures for reporting suspected instances of abuse or neglect.   | 1 | 2 |
| 32. Description of how parent(s) can have access to State Licensing compliance/inspection reports and licensing regulation handbook.     | 1 | 2 |
| 33. Policy for how parent can have access to their child's personal file.  | 1 | 2 |

**V. Administration**

Quality Indicators

Ratings

Recordkeeping

- |   |   |   |
|---|---|---|
| 34. The provider keeps the following updated information for each child:  | 1 | 2 |
| 35. Accident/injury, illness documentation  | 1 | 2 |
| 36. Medication authorization documentation  | 1 | 2 |
| 37. Permission to treat emergencies, signed by parent(s)  | 1 | 2 |
| 38. Chronic illness and other known health problems (ex. allergies, asthma, etc.)   | 1 | 2 |
| 39. Current enrollment forms for children including authorization to pick up child from program   | 1 | 2 |
| 40. Current menu is posted.   | 1 | 2 |
| 41. Attendance records for children currently enrolled.   | 1 | 2 |
| 42. A copy of the most recent Licensing compliance (6 months), annual Fire/Safety and Sanitation Inspections Reports are ready to be reviewed by the Review Team at the time of the Review Team visit | 1 | 2 |
| 43. The provider documents observations regarding children’s interests, accomplishments and concerns.   | 1 | 2 |

**V. Administration**

Quality Indicators

Ratings

44. The provider obtains Information about feeding schedules, food preferences, special needs and, family traditions. Information is updated as necessary. 1      2

45. Documentation must be kept on file for children diagnosed with special needs. The documentation must include: professional diagnosis, prescribed treatment, medication, special. 1      2

From the Missouri Department of Health & Senior Services Section for Child Care Regulation:

46. Copy of most recent Licensing Inspection, Fire safety Inspection and Sanitation Inspection Reports 1      2

47. Copy of current Child Care license submitted to MOA office 1      2

Schedules, curriculum, lesson plans, and records all ages served including;

48. Daily time schedule 1      2

49. Description of curriculum offered 1      2

50. Copies of lesson plans 1      2

51. Example of individual sleeping, eating, and toileting records (if applicable) 1      2



**V. Administration**

Quality Indicators

Ratings

- |  |   |   |
|--|---|---|
| 52. Individualization: Three examples of ways in which expectation and activities are modified to meet the individual characteristics of children. Examples should be based on practices the program is currently implementing with three children currently enrolled (e.g., a shy child who needs to be encouraged to interact with other children). Each example should identify the child’s individual characteristic and describe the modifications that are being made by Provider/Assistant. (Please note: Individualization is not to be interpreted as adaptation for special needs: e.g., allergies, physical disability, etc.) | 1 | 2 |
| 53. Forms that are used by the program for the evaluation of Provider and Assistant(s)   | 1 | 2 |
| 54. Completed Family Surveys/questionnaires from at least 50% of families whose children are enrolled in the program (e.g., if 10 children are enrolled, a minimum 5 questionnaires should be submitted). Program may use the “Family Questionnaire” provided by Missouri Accreditation, or an existing survey already in place.   | 1 | 2 |
| 55. Written summary of plans Provider/Assistant have for modification based on feedback from Families on the Family Survey/Questionnaire   | 1 | 2 |
| 56. A sketch of all inside areas occupied by program. Sketch should provide specific information regarding room arrangement.   | 1 | 2 |

**V. Administration**

Quality Indicators	Ratings	
57. Records of valid certification of first-aid AND CPR for minimum of one person working directly with children at all times	1	2
58. Proof of appropriate insurance coverage (e.g., liability, accident, and worker's compensation). Documentation should originate from the insurance providers and must include the program name and policy number.	1	2
59. Written description of method for managing program budget, purchasing of materials, and collection of enrollment fees	1	2
60. Sample Incident Form	1	2
61. Sample Accident Form	1	2
Written description of field trips, including:		
62. Preparation steps prior to trip	1	2
63. Procedures during trip	1	2
64. Copy of monthly checklist used to assess the condition of indoor and outdoor equipment and materials	1	2
65. Copy of menus (three months)	1	2
66. Sketch of program's outdoor space including arrangement and dimensions	1	2
67. Copy of Provider's chauffeur's license	1	2

**V. Administration**

Quality Indicators

Ratings

**Section II. The following information should be made available for the Review Team on the day of observation:**

68. Attendance records of children currently enrolled	1	2
69. Lessons plans	1	2
70. Sample material from workshops, in-service trainings, and career development	1	2
71. Developmental records for children currently enrolled	1	2
72. Log for inspecting outdoor equipment	1	2
73. Log for conducting emergency drills	1	2
74. Parent advisory meetings reports	1	2

In addition to materials, prepare for the Review Team visit by doing the following:

- Be sure there are name tags for all persons working in the program
- Be sure there is space for the Review Team to study materials, meet and store personal belongings.