



CERTIFICATION REQUIREMENTS

Community Populations 1,000 – 5,000 (PL2)

COMMUNITY INVOLVEMENT

C2.1	Establish a community coalition of at least 7 members comprised of parents, early childhood educators, health care providers, and other community representatives. A roster of coalition members must be maintained in the community.
C2.2	Adopt a Coalition Charter that defines the coalition membership process, purpose, and expectations.
C2.3	Designate a certification manager for the community.
C2.4	Conduct a community needs assessment of child care, health, family and community resources.
C2.5	Conduct quarterly coalition meetings and maintain meeting minutes. Coalition meetings require a fifty percent (50%) participation of coalition members.
C2.6	Conduct an annual communitywide early childhood update meeting to present the community needs assessment results, action plan for attaining certification, and progress towards attaining certification. Solicit feedback from the community to be used to revise the community action plan.
C2.7	Send a representative to the quarterly state Excel By 5 Sites Collaboration meetings to report on the community’s efforts to attain certification. Disseminate information from these meetings to the community coalition.
C2.8	Coalition members will assist with two (2) community-wide events per year with an early childhood focus.
C2.9	Create and maintain an action plan for the promotion of community events, activities, and resources.

FAMILY AND PARENT SUPPORT

F2.1	Designate a local agency or program to provide information to parents of children ages 0-5 about community resources and services including early care and education providers, health care services, social services, family education services, and family support services.
F2.2	Create and distribute information packets to parents of newborns or parents of children 0-5 relocating to the community. The packets will include materials about promoting positive early childhood development, community resources, and bounce-back cards pertaining to local family services.
F2.3	Coordinate family education sessions/workshops, at least quarterly, to address family needs identified in the community. Topics are to include but are not limited to the following: ages and stages of development and early learning guidelines.



EARLY CARE AND EDUCATION

E2.1	Hold at least two (2) Educational Partners meetings annually. Attendees must include representatives from the community school system(s), Head Start centers, <u>and</u> early care centers or home providers. These meetings must include trainings on the MS Early Learning Guidelines.
E2.2	Identify a local agency or program to provide information about state licensure requirements, community resources and services (health care services, social services, family education services, and family support services), and local professional development opportunities to early care centers and home providers quarterly.
E2.3	Demonstrate that twenty percent (20%) or more of licensed early care centers have twenty percent (20%) or more educational staff who have 17 or more professional development hours (as defined by the MS Dept of Health) per licensure year.
E2.4	Collaborate with the MS State Extension Service/Nurturing Homes Initiative to identify non-licensed home early care providers in the community and provide information about community resources available to them.
E2.5	Demonstrate that twenty percent (20%) or more of licensed early care centers have twenty percent (20%) or more “highly trained” educational staff. A staff member is considered “highly trained” if s/he currently holds a Child Development Associate (CDA) or college degree (Associate, Bachelors, or Masters) in early childhood, education, or related field.
E2.6	Demonstrate that forty percent (40%) or more of licensed early care centers participated in an environmental evaluation using the Early Childhood Environment Rating Scale-R (ECERS-R) or the Infant/Toddler Environment Rating Scale-R (ITERS-R) within the certification timeline.
E2.7	Coordinate an annual early care and education community-wide event to address early education and school readiness.

HEALTH AND SAFETY

H2.1	Identify and provide community education about two (2) or more health and safety issues that pose concerns for children ages 0-5 in the community. These should be identified in the community needs assessment. Provide community education about one (1) or more health and safety issues from the following list: immunization, health checkups, common symptom recognition, first aid, dental hygiene, transportation safety, home safety, poison prevention, food safety, and nutrition education.
H2.2	Coordinate an annual Children’s Health Fair where children ages 0-5 have access to developmental and health screenings and families have access to health and safety information.
H2.3	Provide information to the community about early intervention services including First Steps (ages 0-3 through the MS Department of Health) and Child Find (ages 3-5 through the local school district). These services include speech therapy, cognitive, physical and mental health.