

# Quality Standards for NAFCC Accreditation

Fifth Edition  
With 2017 Updates



The National Association for Family Child Care

Kathy Modigliani, Ed D, and Juliet Bromer of the Family Child Care Project-Wheelock College lead the development of the NAFCC Accreditation system.

The Quality Standards for NAFCC Accreditation and the accreditation process were developed through a consensus building process that included hundreds of providers, parents, resource and referral staff members, and many other early childhood experts.

NAFCC would like to thank all contributors for their hard work and dedication to the field of family child care.

Sponsored by

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The NAFCC Quality Standards are built around the concept that relationships are a critical component in providing high-quality care. The relationships that a provider develops with individual children, those that are formed among the children themselves, and the relationships with each family are all important factors in how well the program meets the needs of both the provider and the families served.

The standards are divided into 5 content areas:

- Relationships
- The Environment
- Developmental Learning Activities
- Safety and Health
- Professional and Business Practices

## Relationships

The most important aspect of a high-quality family child care program is its human relationships. Providers set the emotional climate of the program. Good quality relations with the children and their families form the foundation of support needed for great experiences. Children thrive when they feel nurtured, appreciated, and have a sense of belonging to a group that is part of a community. All kinds of development are supported in the context of warm, responsive human relationships.

### *The Provider with Children*

- 1.1 \*The provider cares about, respects, and is committed to helping each child develop to his or her full potential.
- 1.2 **Updated 2017** The provider is responsive to the needs of children and respects their individual needs for comfort to ensure that their well-being is met.
- 1.3 **Updated 2017** The provider holds or carries infants frequently, depending on their individual preferences as shown by expressions of discomfort, such as crying or fussing, as well as their expression of well-being, such as smiling and cooing, as well as their body language of settling in or pulling away.
- 1.4 **Updated 2017** \*The provider is sincere and comfortable with children and enjoys being around them.
- 1.5 **Updated 2017** \*The provider observes and documents children's abilities and behavior, including but not limited to, verbal, non-verbal, and body language. The provider uses this information to coordinate and adapt activities, routines, and interactions to meet the needs of each individual child.
- 1.6 The provider seeks information about each family's cultural traditions and is sensitive to them when responding to the children and families.
- 1.7 The provider shows positive attitudes toward adapting for individual children's needs, such as, but not limited to, bottle weaning, diapering, toilet learning, discipline, and additional individual needs.

- 1.8 The provider recognizes signs of stress in children's behavior and responds with appropriate stress-reducing activities.
- 1.9 **Updated 2017** \*No form of physical punishment or humiliation is ever used by the provider, or anyone who comes in contact with children in the family child care home (FCCH). Children are never yelled at, bullied, criticized, shamed, teased hurtfully, threatened, or physically roughed in any way.

### *The Provider with Parents and Families*

#### Trust and Respect

- 1.10 \*The provider encourages parents to visit any time their children are present.
- 1.11 \*The provider is available to communicate with parents when children are present, or regularly checks for messages from parents.
- 1.12 The provider respects diverse family structures and recognizes the strengths of each family.
- 1.13 The provider is attentive to parents' specific requests, preferences, and values, and individualizes each child's care as appropriate.

#### Communication and Involvement

- 1.14 The provider keeps parents informed about how their children are spending their time in care. This happens daily for infants and toddlers and at least weekly for older children.
- 1.15 The provider engages in and maintains open communication with each family.
- 1.16 In addition to ongoing conversations, the provider has a conference with each child's parents/guardians at least once per year. Together they review the child's progress and needs and set goals for the child.
- 1.17 The provider shares concerns with parents when they arise, and together they develop a mutually satisfying plan of action.
- 1.18 **Updated 2017** The provider encourages breastfeeding and offers a place for on-site breastfeeding.

### *The Children with Each Other*

- 1.19 The provider supports children in developing friendships with each other. The provider supports children in finding positive ways to interact with others.
- 1.20 The provider supports children in identifying and describing their own feelings and those of others.
- 1.21 **Updated 2017** The provider encourages children to help and support each other.
- 1.22 Children are engaged in play, activities, or conversations with each other and the environment reflects positive affect.

### *Other Relationships*

#### The Provider's Family

- 1.23 **Updated 2017** When the provider's own child is a part of the program, the provider balances the roles of parent and caregiver to make this a positive experience for all.
- 1.24 The provider's family members are courteous and respectful when they interact with the children in care and their families.

#### Family and Community Engagement

- 1.25 The provider plans occasional activities where the child care families can get together.
- 1.26 The provider has the social support of friends, family, and other providers, and participates in community events and/or organizations.
- 1.27 The provider offers a variety of ways for parents to be involved in the child care program. Consideration is given to the parents' interests, culture, and time availability. Although involvement is encouraged, it is never required.
- 1.28 If parents do not speak the language of the provider, the provider finds an effective way to communicate with them.
- 1.29 Provider and parents work together on issues such as guidance/discipline, eating, toileting, etc.; always keeping in mind the best interest of the child.

## The Environment

The next important aspect of quality in family child care is the environment. The provider's home is welcoming and comfortable, with enough materials and equipment to engage children's interest in a variety of ways, supporting their activities across all the domains of development.

### *Home Environment*

- 2.1 The areas of the home used by children are welcoming and friendly, appearing like a family home, a small preschool, or a combination of the two.
- 2.2 **Updated 2017** The environment is arranged so children can use what they can reach most of the time.
- 2.3 **New 2017** The arrangement of the home, and use of space, are balanced to meet the needs of both the child care program and the provider's family.
- 2.4 The home has adequate ventilation and room temperature between 68-90°(F). If the temperature is over 90°(F), air conditioning or safe fans are used.
- 2.5 **Updated 2017** Areas where children read, make art, or play with manipulatives have enough light for children and adults to see and to accomplish the different tasks in each area. There are areas in the child care environment with soft or natural light. There are areas where infants can lie on their backs and look up into lighting that is not bright nor harsh.
- 2.6 **Updated 2017** The home does not smell of urine, feces, garbage, pets, tobacco smoke, air deodorizers, mildew, cleaning products, nor other fumes.
- 2.7 **Updated 2017** The environment does not over stimulate nor distract children.
- 2.8 **Updated 2017** At least half the time there is no background noise such as music, radio, nor electronic games.
- 2.9 The child care space is well organized.
- 2.10 **Updated 2017** There is enough indoor space used for childcare, which allows approximately 35 square feet of usable space per child. Children move freely and safely, when engaged in active play.
- 2.11 Outdoors, the play area has open space for active movement, some play equipment and materials, and places for open-ended explorations.

- 2.12 The provider makes reasonable adaptations to the environment to meet the specific needs of each child.
- 2.13 **Updated 2017** The environment includes a comfortable and cozy space for children, and a quiet place for children who choose to use it.
- 2.14 Each child has a space for storing personal belongings.
- 2.15 Space is available for infants to explore safely and freely, to crawl, and to stand. Sturdy, low furniture is available for those who are learning to walk.
- 2.16 **Updated 2017** The space is organized to meet the individual needs of each child in care. For example:
- Infants can experience floor time without being exposed to small objects that could be choking hazards or other objects and toys that are not developmentally appropriate.
  - Toddlers and Preschoolers have enough space to move about freely without being a safety risk to Infants.
  - Preschoolers have a space to play with small manipulatives that is out of reach of infants and toddlers.
  - School-agers have a quiet space to do homework.
- 2.17 **Updated 2017** If a child is present whose disability requires use of a wheelchair, there is sufficient space for it to move around.

#### *Equipment and Materials*

- 2.18 **Updated 2017** Equipment and materials are modified to accommodate children's individual special needs, or special equipment/materials are provided.
- 2.19 The children are learning to take care of the equipment, materials, and the environment.
- 2.20 There are enough toys and materials, home-made or purchased, to engage all the children in developmentally appropriate ways.

## *Suggested Materials and Equipment for Large and Small-Motor Development*

### 2.21 FOR INFANTS

- balls
- grasping toys
- stacking and nesting toys
- -toys to look at, feel, and chew on

### 2.22 FOR TODDLERS

- equipment for climbing (at home or nearby)
- riding toys
- balls
- large interlocking blocks and puzzles
- water and sand for sensory play

### 2.23 FOR PRESCHOOLERS

Toddlers' equipment plus:

- peg boards
- blocks
- sewing materials
- dancing music and props

### 2.24 FOR SCHOOL-AGERS

Preschoolers' equipment plus:

- other sports equipment and games
- games that require participation
- arts and crafts materials
- construction toys
- materials for building

2.25 Materials are stored in consistent places and some of them are easy for children to find, help themselves to, and put away. Separate containers are provided for various kinds of materials.

2.26 No toy guns or other weapons are offered as play options. Material that is violent, sexually explicit, stereotyped, or otherwise inappropriate for children is not available.

- 2.27 **Updated 2017** Some materials are rotated, put away for a while and then brought out again, to stimulate children's interest and development.
- 2.28 Materials reflect the lives of the children enrolled and people diverse in race and ethnicity. They show girls and boys, women and men, and older people in a variety of positive activities. Materials include items such as books, dolls, puzzles, and pictures. They do not include stereotyped pictures such as Indians with tomahawks.
- 2.29 The books are in readable condition.
- 2.30 Art materials are non-toxic.

*Suggested Materials for Language and Literacy Development*

2.31 BOOKS FOR CHILDREN UNDER THE AGE OF TWO

- at least 10 books
- made of durable materials
- simple pictures of people and familiar objects
- short stories about every-day activities

2.32 BOOKS FOR CHILDREN AGE TWO AND OLDER

- at least 10 books
- nursery rhymes
- a variety of stories about pretend and real situations
- information books

2.33 BOOKS FOR SCHOOL-AGERS

- at least 10 books
- chapter books
- adventure stories
- mysteries
- information books
- magazines
- comics
- a variety of reading levels and topics

2.34 OTHER LANGUAGE MATERIALS

- telephones
- puppets
- interactive games
- written or audio materials in the child's home language (supplied by the provider or family)

*Art, Math, Science, Dramatic Play and Real Tools*

- 2.35 **Updated 2017** Developmentally appropriate art materials are available and offered daily to children age 12 months and older.
- 2.36 **Updated 2017** Developmentally appropriate math materials are available and offered to children age 12 months and older.
- 2.37 **Updated 2017** Developmentally appropriate science materials are available and offered to children age 12 months and older.
- 2.38 **Updated 2017** Developmentally appropriate dramatic play materials are available and offered to children age 12 months and older.
- 2.39 **Updated 2017** Developmentally appropriate real tools are available and offered to children age 12 months and older.

## Developmental Learning Activities

Children's spontaneous play is ideally suited to helping them practice their developing skills and gain understanding of their world. As the provider observes their activities and interests, the provider supports and extends their play and offers new activities and materials to build upon their learning.

The early years are a prime time for children's development. Most basic, is learning to get along well with others and to feel secure in one's own identity. From infancy through the school years, children are capable of learning and building competency across a wide range of areas. These include physical development, cognition and language, social and self-development, and creative development. A high-quality provider has individualized goals for each child as well as goals for the group as a whole. The provider plans activities and builds on spontaneous opportunities to support these learning goals.

### *Child-Directed Activities*

- 3.1 \*Children have opportunities to make choices and explore their own interests.
  - They direct their own free play for at least ½ hour at a time, totaling at least one hour in each half day.
  - Free play may occur indoors or outdoors.
- 3.2 Children are engaged in learning experiences most of the time. Their faces often reflect concentration.

### *The Provider's Activities*

- 3.3 **Updated 2017** The provider supports and extends children's self-directed play as well as offering learning experiences and materials that are appropriate for, and extend, the abilities and interests of the children.
- 3.4 **Updated 2017** The provider has a system in place to gather and document information about children's interests, behavior, development, learning progress, and needs. The provider uses this system to analyze the information and set goals that support the children's development.
- 3.5 The provider understands how children grow and learn. The provider uses this knowledge to design the environment and plan learning experiences that are developmentally appropriate for each child.
- 3.6 The provider plans learning experiences that build on the needs and interests of the children, being flexible in adapting the plans.

- 3.7 **Updated 2017** If the child has been diagnosed with a specific condition, and a plan has been implemented (i.e. Individual Family Service Plan (IFSP) or the Individual Education Plan (IEP), or 504 Plan), the provider follows the proscribed plan, and provides activities that support learning based on the age and abilities of the child.
- 3.8 **Updated 2017** The provider seeks information about each families' cultural traditions and is sensitive when using this information during curricula planning and other learning activities.
- 3.9 **Updated 2017** Most of the children's learning experiences promote many kinds of development simultaneously – the curriculum is integrated and holistic rather than focused on one area of development at a time. For example, a play dough activity includes art, math, science, self, social, and language development.
- 3.10 **Updated 2017** Children age 4 and older can pursue special interests or hobbies, working on projects that may evolve over days or weeks. (This could be N/A if no children are 4 or older).
- 3.11 The provider offers opportunities to practice and explore new skills in a range of developmental areas.
- 3.12 **Updated 2017** The provider gives the children the support they need to succeed in a range of learning experiences, scaffolding them to success. This available support helps the child feel comfortable trying new activities.
- 3.13 When appropriate, the provider extends children's learning by describing what they are doing and asking them open-ended questions.
- 3.14 The provider helps children engage in activities by breaking complex tasks into simple ones, or increasing the difficulty of activities by combining familiar materials in innovative ways and contexts.
- 3.15 The provider finds opportunities to support children in learning specific skills and concepts when they show interest in learning them.
- 3.16 The provider takes advantage of, and builds upon, the many natural learning experiences and "teachable moments" associated with daily life in a home.
- 3.17 **Updated 2017** The provider supports children's play, without dominating it, by simply observing, offering materials, joining in, or making gentle suggestions as needed.
- 3.18 **Updated 2017** The provider plays interactive games with children, especially with infants and toddlers. (Interactive games include imitating infants' sounds, peek-a-boo, call and response rhymes, Simon Says, and card or board games).

- 3.19 Except for necessary routines and transitions, the provider encourages but does not force children into activities. Most of the time, children can move in and out of an activity, stand and watch, or choose not to participate at all.
- 3.20 The provider is physically active enough to keep up with the children. The provider or an assistant can lift infants and toddlers.

*Schedules and Routines*

- 3.21 The provider usually maintains a consistent, yet flexible, sequence of daily events and learning experiences, which are adapted to meet the individual needs of each child and the changing group.
- 3.22 Learning experiences and transitions are generally smooth and unhurried; children can usually finish activities at their own pace. They seem to know what is expected of them.
- 3.23 **Updated 2017** \*The provider greets children and parents warmly every day. Upon arrival, based on the child's needs, the provider helps the child become engaged in what is happening, or provides a quiet place until they are ready to be engaged.
- 3.24 The provider helps children and parents to cope with separation at drop-off and pick-up times.
- 3.25 **Updated 2017** The provider takes the children outdoors (when neighborhood conditions are safe) 1 to 2 or more times during the day, for a total of at least 60 minutes per day, weather permitting (i.e. no active precipitation, extreme weather conditions or advisory warnings that may affect the health or safety of the children). During colder and warmer weather temperature and conditions, children are dressed appropriately for active outdoor play.
- 3.26 Rest time is appropriate, relaxing, and comfortable to meet the individual needs of children. Non-sleepers can have books and quiet toys during rest time.
- 3.27 Infants and toddlers can nap when they are sleepy. If needed, the provider helps them fall asleep through rocking, patting, and/or soft music.
- 3.28 The provider talks to infants and toddlers throughout the day during transitions and routines about what is happening in the moment.
- 3.29 If children wear diapers, the provider does a visual check at least once every 2 hours and changes them as needed, if wet or soiled.

- 3.30 If a child is learning to use the toilet, parents and the provider agree on toilet learning approaches based on each child's developmental readiness, not on age. The process is respectful, free from embarrassment, punishment or power struggles.
- 3.31 The provider models a positive attitude about cleaning up, and encourages children to clean up after themselves as they are able.
- 3.32 School-agers should have age-appropriate, comfortable space and time that meet their needs to relax after the school day.

#### *Positive Discipline*

- 3.33 \*Guidance is positive and appropriate for the developmental abilities of each child, and is used to help children gain self-control and take responsibility for their own behavior.
- 3.34 **Updated 2017** Expectations are appropriate and are clearly explained to children in a positive, developmentally appropriate way.
- 3.35 The provider minimizes toddlers' frustrations through redirection.
- 3.36 **Updated 2017** As opportunities arise, the provider allows children to experience the natural consequences of their own negative behavior in a safe, non-threatening manner.
- 3.37 **Updated 2017** The provider avoids power struggles with children by allowing opportunities for them to experience responsibility as leaders and helpers within the group.
- 3.38 **Updated 2017** Time outs are not used, but rather time is given for a child to cool off or go to a safe place until they are ready to return to the group. The provider uses redirection whenever possible.

#### Social and Self-Development

##### *Empathy*

- 3.39 The provider helps children to gain awareness of other people's feelings and to understand how their own actions affect others.
- 3.40 The provider supports children in resolving conflicts and disagreements by assisting them, as needed, in communicating their feelings and finding solutions.
- 3.41 **Updated 2017** The provider helps children learn to respect the possessions, personal space, and activities of others.

### *Belonging to a Group*

- 3.42 Some activities involve all the children working together for a common purpose. The provider encourages children to work on projects and play games together.
- 3.43 Children are learning about sharing, taking turns, and working together.
- 3.44 Sometimes children help with safely preparing food, setting the table, or cleaning up after meals.
- 3.45 **Updated 2017** The provider helps children know neighborhood helpers, such as mail carrier, health professionals, fire fighter, or police officer, by meeting them or through pictures, books, videos, or play experiences.

### *Respecting Differences*

- 3.46 The provider helps children understand and respect people who are different from themselves. The provider responds factually to children's curiosity about similarities and differences among people.
- 3.47 **Updated 2017** The provider assures that children and their families are treated fairly. All children and families are included in activities regardless of race, gender, ethnicity, sexual orientation, religion, or ability. Girls and boys have equal opportunities to take part in all activities and use all materials.
- 3.48 The provider helps children notice incidents of bias and learn effective ways to stand up for each other and themselves in the face of teasing, bullying, or other forms of discrimination.
- 3.49 The provider introduces cultural activities based on the authentic experiences of individuals rather than a "tourist curriculum" of exotic holidays and stereotyped decorations.

### *Self-Esteem and Self-Awareness*

- 3.50 The provider supports children in their growing self-awareness and self-acceptance.
- 3.51 **Updated 2017** The provider provides ongoing acknowledgement and recognition of specific aspects of each child's accomplishments and efforts.
- 3.52 The provider accepts children's emotional needs and see-sawing demands for both dependence and independence.

3.53 **Updated 2017** The provider is accepting of each child and does not criticize, tease, bully, or allow criticizing, teasing, or bullying to take place in the family child care home. Especially when children make mistakes.

3.54 The provider helps children take responsibility for themselves and their belongings, building self-help skills when they are ready.

#### *Physical Development*

3.55 \*Children are engaged in large motor activities for at least 30 minutes in each half day either indoors or outdoors. These activities may occur at one time or may be accumulated during each half day.

3.56 \*When they are awake and alert, non-crawling infants spend short periods, of three to five minutes, in each half day, with the provider in supervised time on their tummies. Time may be increased as the infant develops and gains more head and neck control.

3.57 \*Children have daily opportunities for developmentally appropriate small-motor activities, such as grasping, scribbling, cutting with scissors, buttoning, tying shoes, using art materials, or playing with manipulatives.

3.58 Children, especially infants and toddlers, have rich experiences throughout the day using their senses- seeing, hearing, tasting, smelling, and touching.

#### Cognition and Language

##### *Cognitive Development*

3.59 **Updated 2017** The provider facilitates activities and guides children's understanding and learning experiences through a variety of methods such as interactions with others, audio, visual, hands-on exploration, books, music, and movement.

3.60 **Updated 2017** The provider encourages children to develop their understanding of objects, events, and people by providing a variety of activities, such as pretend play, art materials, and songs that involve imitation. The provider actively interacts with children during these activities to help develop their understanding.

3.61 The provider introduces time concepts through consistent routines, and helps children age 2 and older recall past experiences and plan future events.

3.62 The provider encourages children to think for themselves, to solve problems on their own and with others, and to have confidence in their ability to find solutions.

### *Language and Communication*

- 3.63 The provider encourages children to express their thoughts and feelings and listens with interest and respect.
- 3.64 \*The provider takes time every day for meaningful conversation with each child. The provider takes an interest in and responds positively to infants' vocalizations and imitates their sounds.
- 3.65 The provider encourages children to listen to and respond to each other.
- 3.66 **Updated 2017** The provider adapts communication and language to match the needs and understanding of each child.
- 3.67 When the child's home language is different from the provider's, the provider shows respect for both languages by learning and using key words or songs in the child's home language.

### *Literacy*

- 3.68 **Updated 2017** \*The provider reads to all children for at least 15 minutes during each half day. Books are used to stimulate conversation that expands upon children's interests and imagination, to build vocabulary, or to introduce new ideas and information.
- If the children or infants have short attention spans and can't attend to the stories, reading time can occur in brief moments and be comprised of showing and talking about the pictures, colors, and textures in the book.
- Children who can read independently spend at least ½ hour in each ½ day engaged in literacy activities (such as reading, writing, listening to stories, or performing plays).
- 3.69 **Updated 2017** \*Children of all ages have access to age appropriate books every day. The provider encourages children to look at or read books on their own. The provider teaches children to take care of books as needed.
- 3.70 The provider builds on children's emerging interest in print and writing according to each child's developmental level. Examples are: scribbling, recognizing signs and alphabet letters and their sounds, writing names, notes, and stories, labeling drawings, making books, or writing in journals.

### *Math and Science*

- 3.71 Children learn math and science concepts in the context of everyday activities, such as setting the table, preparing food, sorting the mail, cooking, gardening, and playing games. As they are able, they match, sort, arrange things in sequence, count things, measure, and recognize and create patterns.
- 3.72 **Updated 2017** Children have opportunities (indoors and outdoors) to explore the natural and physical environment, through experiences such as watching insects, planting seeds and caring for plants, playing with water and sand, and playing with cars or balls and ramps.
- 3.73 The provider encourages children age 3 and older to observe and make predictions about things in the learning environment using language, hands on activities, analysis, reasoning, problem solving, and experimenting by asking “why, how and what if” questions.

### *Creative Development*

- 3.74 The provider encourages children’s creativity by offering a variety of daily opportunities for children to explore and use their imagination.

### *Art*

- 3.75 **Updated 2017** The provider sets out inviting art materials based on the children’s developmental levels. Additionally, children age 3 and older have direct access to basic art materials during free play opportunities.
- 3.76 **Updated 2017** Most art activities are open-ended and child-directed. Children decide what they will create and how they will do it. Coloring books, pre-cut materials, or activities that require children to produce a specific product are not examples of open ended or child directed art activities.
- 3.77 The provider comments on specific aspects of children's art, focusing on the children's exploration and use of the materials and descriptions of their work. The provider is careful in the use of language during praise, encouragement, or affirmation, and does not show preference for work that looks more realistic or pretty.
- 3.78 **Updated 2017** The provider values all children's work and helps parents appreciate children’s creative art, child made games, and books. Some work is displayed throughout the learning environment (such as on the refrigerator, on wall hangings and

mobiles, in photo albums, scrap books, or portfolios) including spaces where children and parents have access.

### *Music, Movement, and Dramatic Play*

- 3.79 The provider uses music in a variety of ways such as singing, finger plays, clapping games, playing instruments, and listening to a variety of recorded music.
- 3.80 Children have opportunities to participate in music making activities, using their own voices, and with purchased or home-made instruments.
- 3.81 The provider encourages children to dance or use movement as a method of self-expression, to recreate meaningful experiences, tell stories, or act out concepts.
- 3.82 **Updated 2017** The provider offers daily opportunities for children's pretend play and is involved in the facilitation of children's creativity throughout the day.

### *Television and Computers*

- 3.83 If screen media is used, the provider assures the content (including cartoons and animation) is appropriate for the ages of the children using or viewing the source; which includes but is not limited to, being free from violent, sexually explicit, stereotyped content, and advertising.
- 3.84 **Updated 2017** If children use screen media, including computers, the provider limits their time of use to no more than 30 minutes per week, and for educational use or physical activities. Engaging alternative activities are offered to all children when screen media is offered.
- 3.85 **Updated 2017** Children under the age of 2 years are strongly discouraged from participating in media viewing (TV, computer, video, DVD, iPad, etc.). Developmentally appropriate, engaging alternative activities are provided when screen media is offered to older children.
- 3.86 If a computer is used by the children, the provider limits each child's computer time to no more than fifteen minutes at a time. When school-agers are engaged in an educational project or when children require the use of assistive technology, time using the computer may be extended.
- 3.87 **Updated 2017** When used, all computer software is developmentally appropriate, promotes positive learning experiences, requires children's active involvement, group participation, creativity, or fun.

3.88 **Updated 2017** If the Internet is used by children, the provider actively monitors its use in all forms including, but not limited to, computers, tablets, smartphones, and television.

## **Safety and Health**

Children's physical well-being is assured through careful supervision, preparation for emergencies, minimizing the spread of disease, and serving of nutritious food.

### Safety

#### *Supervision*

- 4.1 \*Children under the age of 3 are in the provider's line of sight always, except when attending to personal needs for up to 5 minutes. The provider assures the safety of all children while attending to her personal needs.
- 4.2 \*Children age 3 and older may be out of the provider's line of sight for short periods of time, if the provider is close by and listens carefully to assure all children are safe.
- 4.3 \*Children under the age of 6 are never inside or outside by themselves. When children are inside, the provider is inside. When children are outside, the provider is outside.
- 4.4 \*When children are sleeping:
- The provider can hear them (monitors are permitted)
  - The provider visually checks on infants under the age of 8 months every 15 minutes (visual monitors are not permitted as a substitute for a visual check).
  - The provider's own children may sleep in their own bed regardless of age.
- 4.5 **Updated 2017** \*The provider is particularly careful supervising children in high risk activities including, but not limited to, swimming, water play, woodworking, cooking, field trips, and other pursuits that could be potentially dangerous to the children involved.
- 4.6 Children are not left in equipment that restrains their movement for more than 20 minutes at a time, and no more than half the time in care, except when eating or sleeping. Such equipment includes, but is not limited to, cribs, play pens, swings, baby seats, high chairs, exercisers. Back and front packs are excluded.
- 4.7 If children are transported, take walks, or go on field trips, the provider has a comprehensive plan which addresses potential safety issues and strategies for keeping children from being separated from the group.

- 4.8 **New 2017** A qualified assistant is present when there are more than 6 children in care, and no more than 12 children are in care at any one time.
- 4.9 **New 2017** When there are 6 or fewer children present, no more than two are under the age of two years. When there are 7 or more children present, no more than 4 are under the age of two years.

*Checklist for Outings*

- 4.10 **Updated 2017** The provider brings:
- first-aid kit
  - emergency telephone numbers
  - emergency treatment permission forms
  - coins for a pay phone, calling card number, or cellular phone
  - notepaper and pen
  - items that meet children’s basic health and personal care as needed, such as medications, food or snacks, and toileting necessities
- 4.11 Children carry the provider's name and telephone number and their own name, where it is not visible, in case they become separated from the provider.
- 4.12 **Updated 2017** \*If children are transported in the provider's vehicle:
- Seatbelts are used, at all times, by all passengers and the driver when transporting children
  - All vehicle restraint systems used meet the Federal Motor Vehicle Safety Standards contained in the Code of Federal Regulations, Title 49, Section 571.213
  - Excluding public transportation, all vehicle restraint systems used, including car seats, booster seats, and seat belts, are approved for the height and weight of the child using them, and has been properly installed and fitted according to the instructions of both the vehicle and the restraint system manufacturers
  - Infants, toddlers, preschoolers, and children under age 12 do not sit in the front seat
  - Children are never left unattended in a vehicle.

## *Emergency Preparation*

- 4.13 \*The provider has a first-aid kit readily accessible but out of reach of children.

The first-aid kit includes, but is not limited to:

- first-aid instructions
- disposable non-porous gloves
- soap and water
- tweezers
- bandage tape
- sterile gauze
- scissors
- a thermometer, infant-safe if infants are enrolled (may be kept separately from first aid kit)
- adhesive bandages
- cold pack
- CPR mouth guard

- 4.14 \*There is a working telephone, and emergency phone numbers are easy to access by all caregivers.

Emergency phone numbers include parents' daytime numbers or the local emergency numbers for:

- ambulance, police, and fire department
- poison control
- a nurse, doctor, or other medical consultant
- an emergency back-up caregiver
- two back-up contacts for each child

- 4.15 The provider helps children, as they are able, to learn their full names, addresses, phone numbers, and how to dial 911 using equipment that is available, accessible, and familiar to them.

- 4.16 \*If the provider does not speak English, the provider is able to communicate basic emergency information in English and can understand English instructions printed on children's medication.

### *Fire Prevention*

- 4.17 \*Flammable materials, including matches and lighters, are kept out of children's reach, and are not stored in areas used for child care.

### *Injury Prevention*

- 4.18 **Updated 2017** \*Equipment and materials, indoors and outdoors, are safe for the ages and ability of the children who use them, and in good repair. There are no sharp points, rough edges, peeling paint, or missing parts.
- 4.19 **Updated 2017** If high chairs or boosters are used, they have a wide base or are securely attached to a table or another chair. The chair has a T shaped restraint/harness that is fastened every time they are used, unless the child is able to get in and out of the seat independently or the seat is used according to manufacturer's recommendations for age and weight.
- 4.20 **Updated 2017** \*Heavy furniture, climbing equipment, swings, and slides are stable or securely anchored.
- 4.21 **Updated 2017** Sufficient cushioning materials are placed under all climbers, swings, and slides over 36 inches high, both indoors and outdoors.
- 4.22 **Updated 2017** \*There are no movable infant walkers or saucers.
- 4.23 **Updated 2017** Helmets fitted to the individual child using the equipment are always worn when riding bicycles, skateboards, and scooters, or when using in-line or roller skates.
- 4.24 **Updated 2017** \*If there is a toy chest, it has safety hinges and air holes, or there is no lid.
- 4.25 The provider has an effective system to check for new safety hazards, indoors and outdoors.
- 4.26 **Updated 2017** The provider conducts monthly emergency drills and keeps a log which includes the type of drill, date, and time of drills practiced.
- 4.27 **Updated 2017** Children under the age of 6 do not wear necklaces (unless the necklace can be easily broken), pacifiers on a cord around the neck, or clothing with draw strings around the neck. There are no toys with cords, strings, or straps long enough to wrap around the neck (over 12 inches long).
- 4.28 There are no latex balloons within reach of children under the age of 4.

4.29 \*If there is a working fireplace, woodstove, or space heater, it is safely screened and inaccessible to children when in use, or not used or cool to the touch when children are present.

4.30 \*Poisonous items are kept in a locked or out-of-reach location.

Poisonous items include, but are not limited to:

- medications
- poisons
- alcoholic beverages
- tobacco
- pesticides
- cosmetics
- cleaning supplies
- air fragrance products
- pet food and pet care products

4.31 \*Weapons and firearms are in a locked place inaccessible to the children. Firearms are kept unloaded and ammunition is stored in a separate, locked place.

4.32 The provider helps children understand dangerous situations and the reasons for safety rules. The provider involves children age 3 and older in discussions about their safety.

#### *Special Precautions for Infants and Toddlers*

4.33 If there are children under the age of 3, toys or objects less than 1 ¼ inches in diameter and 2 ¼ inches in length are kept out of reach.

4.34 **Updated 2017** \*Children are never left alone on a changing table. The provider keeps one hand on the child or diapering occurs on a non-porous mat on the floor.

4.35 Infants under 1 year of age are placed on their backs for sleeping.

4.36 **Updated 2017** If children under the age of 3 participate in water play, water play is limited to:

- A stable water table with the height at or above the chest level of the smallest child, and the water is less than 6 inches deep
- Sprinklers and containers less than 6 inches wide, or water less than 1 inch deep.

- 4.37 Children cannot lock themselves into rooms. Privacy locks on bathroom or bedroom doors are inaccessible to children, or locks can be opened quickly from outside.
- 4.38 **Updated 2017** \*Working smoke, fire, and carbon monoxide detectors are properly installed according to manufacturer's instructions. Smoke and fire devices are on each floor of the home. Smoke and fire devices and carbon monoxide detectors are adjacent to or where children sleep. Monthly maintenance checks of all equipment are conducted and recorded, including batteries being changed annually or as needed.
- 4.39 **Updated 2017** \*A fully charged and operable ABC-type fire extinguisher is in plain sight and available in or near the kitchen and on each floor of the home used for child care. All extinguishers are inspected and tagged annually. Non-rechargeable extinguishers shall be replaced according to manufacturer's instruction.
- 4.40 \*Hot radiators and water pipes are covered or out of reach of children.
- 4.41 **New 2017** \*All tap water used by children does not exceed 120 degrees F.
- 4.42 \* Hot items, including beverages, are kept out of children's reach.
- 4.43 Paint on the walls, ceilings, woodwork, and any other surface is not peeling or flaking. There are no paint chips or paint dust on floors or window sills. Walls and ceilings are free of holes or large cracks.
- 4.44 There are no toxic plants within children's reach.

#### *Electrical Cords and Outlets*

- 4.45 **Updated 2017** All cords, including power cords and non-power cords, are safely secured and out of reach of children.
- 4.46 No cords are placed under rugs or carpeting.
- 4.47 \*Every electrical outlet within children's reach is covered with a choke-proof, child-resistant device or otherwise "child proof".

#### *Exits and Stairs*

- 4.48 Each floor used by children has at least two exits that lead to the ground level.
- 4.49 Exits are unobstructed and usable by toddlers and older children.
- 4.50 Stairs with more than 3 steps, or a total rise of 24 inches or more, have railings usable by the children.

- 4.51 Secure and safety gates or barriers close off access to all stairs adjoining areas used for children under the age of 4. There are no pressure gates or accordion gates with openings large enough to entrap a child's head. Safety gates are hardware installed and can be easily opened by adults in an emergency.

#### *Windows*

- 4.52 \*If windows more than 3 feet above ground are opened, they cannot be opened more than 6 inches or they are opened from the top and have safety guards – with bars no more than 4" apart. The safety guards must be removable from inside or outside by an adult in case of an emergency.
- 4.53 Windows that are opened have screens in good repair.

#### *Kitchen*

- 4.54 The stove and other cooking appliances are used safely or not used while children are present. Basic stove and oven safety guidelines:
- Pot handles are turned to the back.
  - Back burners are used when available.
  - Knobs are removed or covered when not in use, or there are safety knobs, or they are out of children's reach.
  - Children do not play within 3 feet of stove while in use. (School-agers may cook on stove if they are carefully supervised.)
- 4.55 **Updated 2017** Lower cupboards are free of dangerous items or have child-proof latches.
- 4.56 Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups, and utensils are used.
- 4.57 **Updated 2017** Garbage containers are plastic-lined, covered, and hands free, or are located out of reach of children.
- 4.58 **Updated 2017** A cold pack or equivalent is easily accessible when needed for first aid.

#### *Bathroom and Diapering Area*

- 4.59 Diapering and toileting areas are separated from food areas. If the same sink is used for hand washing after toileting or diaper changing, it is disinfected before being used for hand washing for any other reason, including food preparation.

- 4.60 **Updated 2017** The diapering surface is made of non-porous padding and is disinfected after each diaper change.
- 4.61 **Updated 2017** Diapers are disposed of in a plastic-lined, hands free container, out of reach of children.
- 4.62 \*If a potty chair is used, it is washed and sanitized after each use.
- 4.63 A safe and age appropriate step stool is located next to any sink where children wash their hands, or children can reach faucets without a step stool. Children may be held while washing hands.
- 4.64 \*Soap, running water, and paper towels or single use towels are provided.

#### *Sleeping Areas*

- 4.65 **Updated 2017** \*If a crib, porta-crib, or playpen is used, it meets current federal safety standards.
- 4.66 Sleeping areas for infants do not have any surface that can conform to the face, such as a soft pillow, soft mattress, comforter, or stuffed animal.
- 4.67 Children are provided with individual sleeping spaces allowing their faces to be at least 3 feet apart from each other.

#### *Outdoor Safety Checklist*

- 4.68 Outdoor play equipment is spaced to avoid safety hazards for active children.
- 4.69 Play space, including neighborhood playground if used, is free of animal feces, broken glass, paint chips, and trash. There is no flaking or peeling paint or bare soil within 15 feet of a structure.
- 4.70 **Updated 2017** A fence or natural barrier, a minimum of 4 feet in height, encloses the play space.
- 4.71 \*Ponds, wells, tool sheds, and other hazards are not accessible to children.
- 4.72 No trampolines are accessible to the children in care, except for therapeutic equipment used with supervision.

### *Swimming Pool*

- 4.73 **Updated 2017** \*If there is a swimming pool:
- It is inaccessible to children except when supervised by more than one adult, one of whom is a certified lifeguard.
  - It has a barrier such as a gate or door which is locked when the pool is not in use.
  - In-ground: it is surrounded by a barrier at least 4 feet above grade that children cannot climb.
  - Above-ground: pool sides are at least 4 feet high and the ladder is locked or removed when not in use.
  - Life-saving equipment is located nearby.
- 4.74 \*Any hot tub or spa that is not fenced off has a locked cover strong enough for an adult to stand on.

### *Swings*

- 4.75 **Updated 2017** If there are swings, they are safe and meet or exceed current standards from the U.S. Consumer Product Safety Commission for outdoor home playgrounds.
- Swings are surrounded by a clearance area and fall zone that extends at least 6 feet beyond the stationary swing.
  - Each swing hangs at least 30 inches away from the support poles and frame.
  - There are no exposed, moving parts which may present a pinching, crushing, or entanglement hazard, including all swing seat hooks
  - All connecting devices or fasteners, such as hooks, are closed, including those at the top of the swing -ropes or chains
  - Swing sets must be securely and adequately anchored.

### *Health*

- 4.76 **Updated 2017** If a child has been diagnosed as having a special need, the provider understands the diagnosis, requests a copy of the child's plan, and works with parents and specialists to follow the plan.
- 4.77 **Updated 2017** \*Smoking of any kind, drinking alcohol, or using marijuana does not take place in the presence of children or on the premise during child care hours.

- 4.78 **Updated 2017** \*Prescription medication is only administered from the original container with the original label intact, listing the child's name. Written prescription directions are always followed. The provider obtains written permission of the parent and administers medications as prescribed by the child's health care professional. Non-prescription remedies may be administered with both written directions and permission from a parent or guardian. The first dose of any medication, including prescribed medications, topical ointment, and other non-prescription remedies, is first administered outside of the child care.
- 4.79 Children are learning to keep themselves safe and healthy.

#### *Nutrition and Food Preparation*

- 4.80 \*The provider serves nutritious and sufficient food following Child and Adult Care Food Program guidelines. If parents bring food, the provider assures that it is nutritious or supplements it.
- 4.81 **Updated 2017** \*Food, including breast milk, is stored, prepared, and served to children in a safe and sanitary manner. Solid food is cut into cubes no larger than 1/4 inch for infants and 1/2 inch for toddlers.
- 4.82 **Updated 2017** Baby bottles containing milk or other liquid food, or beverages should never be heated in a microwave and should always be checked to ensure that it is at a safe temperature before offering it to a child. Any other foods heated in the microwave should be allowed to rest for several minutes to ensure that it is at a safe temperature before offering it to a child.
- 4.83 When parents bring in food for their child, perishable items are refrigerated immediately. Infant formula is in factory-sealed containers. If powdered formula is used, it is brought in its original container. All food brought by parents is labeled with the child's name and date of preparation. Breast milk is labeled with the date and time it was expressed.
- 4.84 The current daily or weekly menu is posted and shared with parents, unless parents provide food. Modifications are noted when changes occur.
- 4.85 **Updated 2017** Children's food allergies and special diet information are posted in the food preparation and/or eating areas in a manner that will both accurately and efficiently identify the child while maintaining confidentiality to visitors. If there are no children with food allergies or special diets enrolled, notification is posted in the food preparation and/or eating areas: "There are no children with food allergies enrolled at this time".

### *Meals and Snacks*

- 4.86 Meals or snacks are available at least every 3 hours. These times are relaxed, with some conversation.
- 4.87 Children are encouraged to drink water and it is available at all times. Cold-water faucets that are used for drinking or cooking are flushed for 30-60 seconds every morning before use. Hot tap water is never used for cooking or for formula.
- 4.88 Children are encouraged to taste new foods, but they do not have to eat anything they do not want.
- 4.89 **Updated 2017** \* Children always sit down to eat meals and drink beverages. Meals and snacks are not rushed nor are children forced to stay at the table for more than a few minutes after they have finished eating. There is no use of screen media at these times.
- 4.90 \*Food is never used as a reward or withheld as a punishment.
- 4.91 **Updated 2017** \*The provider feeds infants when they are hungry.
- 4.92 **Updated 2017** \*Infants under the age of eight months are held when bottle fed, and beyond eight months if the child is unable to hold the bottle. Bottles are never propped. Infants over eight months sit while holding their own bottles.
- 4.93 **Updated 2017** \*The provider is attentive and responsive to infants during feeding.
- 4.94 **Updated 2017** Children have opportunities to help plan and prepare meals and snacks according to their abilities.

### *Minimizing Disease*

- 4.95 **Updated 2017** Children with mild symptoms of illness may stay at the provider's discretion. Children with severe or contagious symptoms are separated from other children and parents are contacted to pick up the child.
- 4.96 **Updated 2017** Upon enrollment, the provider examines children's immunization records to ensure they are consistent with local and national standards. Ongoing, the provider has a system in place, which monitors the immunization status of the children enrolled and provides families with information about the importance of keeping children's immunization current. If children are exempt from immunization, written documentation is kept on file.

- 4.97 **Updated 2017** \*The provider practices standard health precautions.
- Disposable, non-latex, non-porous gloves are worn when the provider has contact with blood, other bodily fluids, or feces.
  - Surfaces contaminated with bodily fluids or fecal matter are immediately cleaned and disinfected. -Contaminated articles are wrapped in plastic and carefully disposed of or sent home with parents.
  - If provider is unable to use disposable gloves to wipe a child’s nose, the provider washes their hands with soap and water immediately after wiping.
  - Provider removes gloves and washes hands with soap and water before touching non-contaminated items and prior to handling another child.
- 4.98 Children do not share personal items including combs, brushes, toothbrushes, bibs, towels, washcloths, bedding, or personal clothing.
- 4.99 **New 2017** Toothbrushes are stored in a manner that prevents the bristles from coming into contact with one another, or dripping on one another. (NEW)
- 4.100 **New 2017** Provider offers an opportunity for children to brush their teeth after eating at least once during each day. (NEW)
- 4.101 All floors used by children are swept and/or vacuumed daily. Washable floors used by children are mopped daily with a disinfectant solution that is not harmful to children. Washable floors in child diapering and toilet areas are mopped with disinfectant.
- 4.102 Toys and surfaces are cleaned and sanitized regularly. Toys that are mouthed by a child are not used by others until sanitized.
- 4.103 If there is water play, water containers are emptied and sanitized daily.
- 4.104 If there is a sand area or box, it is covered when not in use.
- 4.105 **Updated 2017** Individual children’s bedding is laundered at least once a week, when visibly soiled, or before being used by another child. Each child’s bedding is stored so that it does not come into contact with other bedding.
- 4.106 **Updated 2017** \*The provider washes hands with soap and running water and dries with individual disposable or single use cloth towel at the following times:
- Upon arrival at the program, or before the first child arrives
  - Before and after: handling food, eating, or feeding a child, giving medication or applying a medical ointment or cream, diapering a child, joining children in water play or play dough that is used by more than one person

- After: using the toilet or helping a child use the toilet, contact with bodily fluids, handling animals and/or their waste, cleaning, handling garbage, coming inside from outdoors
- When needed
- Alcohol based hand sanitizer (60-90% alcohol) is a suitable alternative for hand hygiene only when running water is unavailable. Pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with soap and water.

4.107 **Updated 2017** Children's hands are washed with soap and running water and dried with individual disposable or single use cloth towels at the following times:

- Upon arrival
- Before and after: handling food or playing in water or with sand, or play dough that is used by more than one person
- After: toileting, diapering, contact with bodily fluids, handling animals, cleaning, handling garbage, and playing outdoors
- Alcohol-based hand sanitizer is a suitable alternative for children over the age of 24 months only when running water is unavailable. Pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with soap and water.

#### Pets

- 4.108 **Updated 2017** \*Families are informed in writing before enrollment if there are any pets in the home. They are also informed in writing before new pets are introduced into the home.
- 4.109 **Updated 2017** \*Pets present no hazard to the safety of the children. Pets should be in good health, free of parasites and fleas, even tempered, friendly, and comfortable around children or kept in areas inaccessible to children. There are no exotic or poisonous animals, hermit crabs, birds from the parrot family, ferrets, or wolf hybrids.
- 4.110 **Updated 2017** \*Reptiles and amphibians must be kept behind a glass wall in a tank where children cannot touch them.
- 4.111 \*If there are cats or dogs, current rabies and distemper immunization records are on file and a document signed by a veterinarian within the past year verifies that the animal is rabies free.
- 4.112 Litter boxes, pet feces, pet food, pet medications, and pet toys are kept out of reach of children.

#### Professional and Business Practices

As a small business owner, the provider is ethical and caring in relations with children and families. The provider's contracts and policies are sound. The provider is reflective and intentional about her work, seeking continuing education and support from others. The provider abides by legal requirements and makes use of resources in the community.

### *Ethics and Legality*

- 5.1 \*The provider's attention is focused on children. Phone use, errands, or personal interests do not take priority over children's needs. The provider does not operate another business during child care hours.
- 5.2 The provider is intentional and reflective in her work, thinking about what occurs with the children and their families, respecting the dignity, worth, and uniqueness of each child and family member.
- 5.3 \*The provider maintains confidentiality, respects the privacy of children and families, and does not share any information about the child or family unless required to by state law or with the written permission of the parents.
- 5.4 **New 2017** The provider does not discriminate against a child or family based on race, color, sex, religion, national origin, or disability. If the state prohibits discrimination against additional protected classes the provider will follow these laws. (NEW)
- 5.5 \*There is no child abuse, domestic violence, or illegal drug use in the home.
- 5.6 **Updated 2017** \*Children are not permitted to leave the program with anyone other than their parent or specific individuals designated by their parent in writing or verbally; or as noted in court documents in child's file.

### Professional Activities

#### *Continuing Education and Support*

- 5.7 \*The provider seeks continuing training and education and is open to innovative ideas about family child care.
- 5.8 The provider keeps up-to-date with topics related to program quality. When needed, the provider consults with experts to gain specific information, such as how to support children with special needs and their families.
- 5.9 The provider is actively involved with other providers or a related professional group, if available.
- 5.10 The provider takes precautions to minimize personal stress.

### *Resource and Referral*

- 5.11 The provider shares information with parents about common child-rearing issues such as temper tantrums and signs of infectious disease.
- 5.12 \*The provider knows how to detect signs of child abuse and neglect, understands the responsibility to report suspicious cases to child protective services, and, if appropriate, files a report.
- 5.13 The provider has information about community resources that offer services to parents and children. These resources may include but are not limited to health, mental health, nutrition/fitness, child care resource and referral, special needs, care for infants, including breast feeding supports, and child care subsidies.
- 5.14 The provider informs parents about tax credits, child care subsidies, and employer child care benefits if available.

### *Business Contracts and Policies*

- 5.15 The provider follows an enrollment process that facilitates an exchange of information between the provider and parent, working to assure a good match. Discussion includes a description of the program and policies as well as parents' values and wishes around such topics as eating, sleeping, toileting, and discipline.
- 5.16 Prospective parents are given the names and telephone numbers of three current or recently enrolled parents, with their permission. If unavailable, character references are given.
- 5.17 The provider or sponsoring agency has a signed child care contract with each family.

#### Child Care Contract

- Areas covered in the contract include:
  - Hours
  - Fees
  - Payment schedule
  - Provider's and child's vacation
  - Provider's and child's sick leave and absences
  - Responsibility for alternate care
  - Termination policy
- 5.18 The provider operates according to the agreed-upon terms of the contract with parents and provides notification in advance of any planned changes.

- 5.19 **Updated 2017** The provider gives parents receipts upon payment of fees upon parent request. If the fees are subsidized the provider will give receipts of parent co-payments upon parent request. Provider will give parents her employee identification number (EIN) upon request.
- 5.20 \*If a child receives an injury beyond a minor scrape or bruise, the provider contacts a parent as soon as possible. Parent is given a written accident report within 24 hours which includes a description of the accident, action taken, outcome, and how the child responded.
- 5.21 The provider implements and shares with parents an illness policy defining mild symptoms with which children may remain in care, and more severe symptoms that require notification of parents or back-up contact to pick up child.
- 5.22 The provider gives written policies to parents.

Areas covered in written policies may include but are not limited to:

- Substitute care arrangement
- Persons authorized to pick up child
- Illness
- Medication administration
- Emergencies
- Guidance and discipline
- Developmentally appropriate learning activities
- The use of screen media
- Parent participation and conference

If relevant, transportation, field trips, and religious activities and teaching are also included in written policies.

- 5.23 **Updated 2017** The program is covered by insurance, including accident insurance for children and assistants (if employed), professional business liability insurance, and vehicle insurance.

#### *Record Keeping*

- 5.24 **Updated 2017** The provider uses an organized system to keep observational notes on a regular basis of the children in care. These notes include the children's interests, accomplishments, concerns, and behaviors. These notes are used for program planning and parent conversations.

- 5.25 The provider gathers information about the children and their families such as special needs, fears, food preferences, important holidays and traditions and updates the information as needed.
- 5.26 **Updated 2017** \*The provider keeps updated medical information for each child, which is signed by parents or guardians. These include but are not limited to child's allergies, chronic illness, immunizations (or written documentation of objections) and other known health or medical conditions.
- 5.27 \*If children are transported or go on field trips, the provider has signed permission from parent(s).
- 5.28 **Updated 2017** The provider keeps accurate daily attendance records of children, making sure the children are signed in and out each time they enter or leave the program.
- 5.29 **New 2017** The provider keeps records of all business and income expenses. (NEW)

#### Assistants and Substitutes

*Assistants*-Assistants are scored on all standards, together with the provider.

- 5.30 The assistant understands and supports the goals for each child, as well as the rules and routines of the program.
- 5.31 Parents have met any regular assistant or substitute, except in emergencies.
- 5.32 The provider and the assistant share observations of children and families and plan some activities together.
- 5.33 The provider offers the assistant helpful, consistent, and constructive feedback, and encourages the assistant's professional growth.
- 5.34 The assistant, unless a family member, has a written job description defining responsibilities. The provider conducts an annual review of the assistants' job performance.
- 5.35 **Updated 2017** The assistant is paid at least the minimum wage.
- 5.36 **New 2017** The provider will comply with all federal and state payroll tax rules and purchase worker's compensation when required under state law. (NEW)
- 5.37 Assistants who work more than 5 hours a day with the children have a break of at least ½ hour.

### *Substitute Providers*

- 5.38 Except in emergencies, parents are notified in advance when a substitute provider will be responsible for their children.
- 5.39 \*If an assistant is left in charge of children in the provider's absence, they meet all the requirements of a substitute.

### *Qualifications of Substitutes*

- 5.40 \*EXCEPT IN EMERGENCIES, ANY PERSON LEFT ALONE WITH CHILDREN:
- is at least 18 years of age
  - holds a current certificate in first aid and pediatric CPR
  - has an acceptable TB screening (see "Required Documentation" on page XX)
  - has spent time with the children before being left in charge
  - understands the program policies and routines, children's special health and nutrition needs including allergies, and emergency procedures.
- 5.41 \*Children are not left with a substitute for more than 20% of the time (such as 1 hour per day every 5 hours, or 1 day per 5-day week, may be averaged over time).
- 5.42 At least one person is available for emergency back-up care and is able to arrive within 10 minutes.

## **Accreditation Terms**

Accreditation – a process in which certification of competency, authority, or credibility is presented.

Accreditation Commission – The NAFCC body responsible for accreditation decisions.

Accreditation Council – The Council ensures that NAFCC Accreditation policies and standards are current and relevant.

Accreditation Period – A family child care provider is accredited for a period of three years based on successful completion of annual renewals.

Age Groups – Age groups in NAFCC accreditation are defined in the following ways:

Infants – under the age of 1

Toddlers – age 1 and older and under the age of 3

Preschoolers – age 3 and older and under the age of 5

School-Agers – age 5 and older and under the age of 12

Ages-Ages in the standards are stated as either “age and older,” or “under the age of \_\_\_.”

Ex. Children age 3 and older. This applies beginning on the 3rd birthday.

Ex. Children under the age of 3. This applies until the 3rd birthday.

Annual Renewals – Providers assess themselves and their programs to ensure continuous compliance with the Quality Standards, verify they continue to meet all eligibility requirements, and report their professional development activities and quality improvements they have completed during the year.

Appeal – The process used to request that an accreditation decision be reconsidered.

Application – Provider eligibility is assessed, which includes verification of CPR and First Aid certification, background checks, and family child care specific training.

Assistant – An assistant to the provider works with and under the supervision of the provider. An assistant must be age 16 or older. The assistant is not left in charge of the children unless he or she meets all the qualifications of a substitute.

Candidate – A family child care provider who is in the accreditation process.

Child-Directed Activities – Times during which the children take the lead role in choosing or designing how activities will take place.

Conditional Accreditation – A temporary decision given in cases when an issue concerning a standard can be easily resolved and the resolution documented for NAFCC. When a conditional accreditation decision is made, the candidate receives specific feedback which includes the resolution that is required and a time frame within which the resolution must be made.

Conflict of Interest – A relationship or perceived relationship between an accreditation candidate and an observer that might influence the observer’s objectivity.

Co-Providers – Two providers who share equally in the decision making and responsibility of the program. Both providers must meet all eligibility requirements and submit all provider documentation. Each co-provider must be on site and actively involved at least 60% of the time. Both co-providers are scored on all standards during the observation visit and both participate in the interview.

Decision – NAFCC reviews documentation from the observer and the candidate, as well as data from the parent surveys. The Accreditation

Commission uses that information to determine the candidate's accreditation status.

Deferral – A decision given in cases when the Commission concludes that significant improvements need to be made in the child care program and additional time is needed in self-study. The provider may apply for accreditation when eligible.

Developmentally Appropriate Practice – This important concept (Bredekamp & Copple, 1997, 2009), identified by the National Association for the Education of Young Children (NAEYC), means that a caregiver's practices are appropriate for the developmental levels of the children enrolled, as well as being appropriate for each individual child in his or her social and cultural context. The concept applies throughout the accreditation standards.

Documentation - Provider – Data required from a provider to process an accreditation application. Provider documentation includes certificates, forms, and specific written information.

FCC / Family Child Care – Child care that is offered in a home environment for children from infancy through the school-age years. Many providers have their own children and/or relatives in their family child care programs.

Field Trip – An outing where children go to a destination other than their home or school. The outing may or may not require transportation. Walking field trips are included in this definition.

Free Play – An unhurried time for children to choose their own play activities, with a minimum of adult direction. Providers may observe, facilitate, or join the play, as needed. Free Play may be indoors or outdoors. Several choices must be available.

Fully Met – The designation used to refer to a standard when there is full and consistent evidence demonstrating high-quality care.

Intentional No – Providers may choose not to meet a non-starred standard if there is sound reason to do so, however, the intention of the standard must be met in some way. The reasoning must take all health and safety aspects into consideration. NAFCC will make the decision as to whether the intentional no is accepted or not.

Mandatory Standard – A standard that has been determined to be required for high quality care. Providers must meet all mandatory standards. A mandatory standard is also referred to as a “starred” standard.

Manipulative Toys – Small toys that foster small-motor development and eye-hand coordination, such as nesting cups, puzzles, interlocking blocks, and materials from nature.

Mentor – An individual who offers support and guidance.

NAFCC – The National Association for Family Child Care is the professional organization dedicated to promoting high quality care by strengthening the profession of family child care.

Not Applicable – The designation that a standard does not apply to the family child care program. Not applicable standards are not considered when deciding about a candidate’s accreditation status.

Not met – The designation that there is little or no evidence that a standard is being met.

Not Observed –The designation that there is not observable evidence that a standard is being met.

Observation – NAFCC trained observers conduct observations of candidates and their programs. The observer gathers information based on the Quality Standards and objectively documents what is seen and heard.

Observer – A professional trained by NAFCC who observes the family child care environment home to document if the accreditation standards are being met and interviews the provider to inquire about any standards that are not fully met or that were not observed. Observers have experience and knowledge about family child care programs, as well as knowledge of child development.

Open-Ended Art – Open-ended art allows children to construct their own creations. Children decide what they will make, draw, or paint, etc. and decide how they will go about the creative process.

Open-Ended Questions – Open-ended questions have many possible answers, not just one correct answer. They include “what if” questions which require children to make predictions and other questions that encourage children to use their imaginations.

Parent – In the NAFCC system, the term "parent" includes parents, grandparents, foster parents, same-gender co-parents, and any guardian or other adult committed to caring for the child.

Partially Met – The designation that a standard is met some of the time, or some of the standard is met, but not most of the time or most of the standard.

Power Struggle – On-going competition for power where each person tries to control and subdue the other.

Project (Accreditation Facilitation) – An entity offering accreditation support services to family child care providers.

Provider – The person in charge of the family child care program. NAFCC Accreditation requires the provider to be on site and actively involved at least 80% of the time care is offered. When a standard refers to “the provider,” it also applies to the co-provider, assistant, or substitute.

Provider Interview – A time built into the observation visit during which the provider is able to give NAFCC additional information about what was seen or not seen during the observation. The provider interview also includes a series of scripted questions the provider is asked to answer.

Re-accreditation – The process an accredited provider engages in to maintain current accreditation status at the end of the three-year accreditation period. There is no limit to the number of times a provider can be re-accredited.

Relocation – The term used when the accredited provider moves her program during the three-year Accreditation period.

**Safety Hinge** - a hinge on a toy box or other lidded box, that prevents the lid from closing quickly. The lid is also able to be opened from the inside of the box, preventing someone from being trapped.

**Scoring** – The designation chosen by the observer to indicate whether the provider fully meets, partially meets, or does not meet a standard. Scoring in the Decision Phase refers to the process of assessing the observer’s documentation, the provider’s self-observation and the parent surveys prior to the Accreditation Commission’s decision.

**Screen Media**- Screen media is any electronic device which has a screen for viewing TV, videos, DVD’s, internet, or for playing games.

**Self-Certified Standards** – Standards that are not assessed by the observer which must be certified by the provider. If a provider indicates that a self-certified standard is less than fully met, an explanation of circumstance or rationale must be included. The provider must sign and date a self-certified compliance affidavit.

**Self-study** – During self-study, providers evaluate themselves and their programs using the Quality Standards for NAFCC Accreditation and make quality improvements.

**Special Needs** – Children with special needs are not usually placed in a separate category in the NAFCC Accreditation. The provider should respond to the unique needs of every child.

**Standard** – The designation used by NAFCC to refer to accreditation criteria.

**Substitute** – A person who is left in charge of children, when the provider or an assistant is absent. Substitutes must meet the qualifications described in the Quality Standards.

**Support Group** – Providers who come together to identify ways to meet accreditation standards and offer each other support in preparation for accreditation.

**Teachable Moments** – Unplanned events that can be used as learning opportunities. They provide meaningful contexts to introduce or expand on something you want children to learn about. Teachable moments can include meal times, experiences with pets, or events children witness while traveling.

**The Family Child Care Project** – The Family Child Care Project is dedicated to improving the quality of family child care through research, demonstration, and dissemination. Kathy Modigliani, Ed.D., is the project director.

**Tourist Curriculum** – Inappropriate cultural activities in which children are exposed to a sampling of exotic holidays, heroes, events, foods, or customs from other cultures with no real exploration of how people truly live or any understanding of their values.

Waiver – Providers may request a waiver for any of the requirements to become accredited by writing and sending supportive documentation to the NAFCC Commission. The commission reviews each request on individual bases and responds accordingly.

What if Question – Questions that require a prediction.

Revised Standard Numbers

<b>Old #</b>	<b>2017 #</b>	<b>Old #</b>	<b>2017 #</b>	<b>Old #</b>	<b>2017 #</b>
1.1	1.1	2.6	2.9	2.9	3.7
1.2	1.2	2.7	2.10	1.6	3.8
1.2	1.3	2.8	2.11	3.7	3.9
1.3	1.4	2.9	2.12	3.7	3.10
1.4	1.4	2.10	2.13	3.8	3.11
1.5	1.5	2.11	2.14	3.9	3.12
1.6	1.6	2.12	2.15	3.10	3.13
1.7	1.7	2.13	2.16	3.11	3.14
1.8	1.8	2.16	2.17	3.12	3.15
3.35	1.9	2.16	2.18	3.13	3.16
1.9	1.10	2.14	2.19	3.14	3.17
1.9	1.11	2.22	2.20	3.14	3.18
1.11	1.12	2.23	2.21	3.15	3.19
1.12	1.13	2.24	2.22	3.16	3.20
1.14	1.14	2.25	2.23	3.17	3.21
1.15	1.15	2.26	2.24	3.18	3.22
1.16	1.16	2.27	2.25	3.19	3.23
1.18	1.17	2.28	2.26	3.20	3.24
S4	1.18	2.29	2.27	3.21	3.25
1.20	1.19	2.31	2.28	3.22	3.26
1.21	1.20	2.32	2.29	3.23	3.27
1.22	1.21	2.33	2.30	3.24	3.28
1.23	1.22	2.34	2.31	3.25	3.29
1.25	1.23	2.35	2.32	3.26	3.30
1.26	1.24	2.36	2.33	3.27	3.31
1.27	1.25	2.37	2.34	3.28	3.32
1.28	1.26	2.38	2.35	3.29	3.33
1.19	1.27	2.39	2.35	3.30	3.34
1.17	1.28	2.40	2.36	3.31	3.35
1.13	1.29	2.41	2.37	3.32	3.36
2.1	2.1	2.42	2.38	3.33	3.37
2.2	2.2	2.43	2.39	3.34	3.38
1.24	2.3	3.1	3.1	3.36	3.39
2.3	2.4	3.2	3.2	3.37	3.40
2.3	2.5	3.3	3.3	3.38	3.41
2.4	2.6	3.4	3.4	3.39	3.42
2.5	2.7	3.5	3.5	3.40	3.43
2.5	2.8	3.6	3.6	3.41	3.44

<b>Old #</b>	<b>2017 #</b>	<b>Old #</b>	<b>2017 #</b>	<b>Old #</b>	<b>2017 #</b>
3.42	3.45	S3	4.3	4.37	4.46
3.43	3.46	4.2	4.4	4.38	4.47
3.44	3.47	4.3	4.5	4.39	4.48
3.45	3.48	4.5	4.6	4.40	4.49
3.46	3.49	4.6	4.7	4.41	4.50
3.47	3.50	new	4.8	4.43	4.51
3.48	3.51	new	4.9	4.45	4.52
3.49	3.52	4.7	4.10	4.46	4.53
3.50	3.53	4.8	4.11	4.47	4.54
3.51	3.54	4.9	4.12	4.48	4.55
3.52	3.55	4.10	4.13	4.49	4.56
D1	3.56	4.11	4.14	4.50	4.57
3.53	3.57	4.12	4.15	4.51	4.58
3.54	3.58	4.13	4.16	4.52	4.59
3.55	3.59	4.14	4.17	4.53	4.60
3.56	3.60	4.15	4.17	4.53	4.61
3.57	3.61	4.16	4.18	4.54	4.62
3.58	3.62	2.15	4.18	4.55	4.63
3.59	3.63	2.17	4.19	4.56	4.64
3.60	3.64	2.18	4.20	4.57	4.65
3.61	3.65	2.19	4.21	4.58	4.66
3.62	3.66	2.20	4.22	4.59	4.67
3.63	3.67	2.21	4.23	4.60	4.68
3.64	3.68	2.30	4.24	4.61	4.69
3.65	3.69	4.17	4.25	4.63	4.70
3.66	3.70	4.18	4.26	4.64	4.71
3.67	3.71	4.19	4.27	4.65	4.72
3.68	3.72	4.20	4.28	4.66	4.73
3.69	3.73	4.21	4.29	4.67	4.74
3.70	3.74	4.22	4.30	4.68	4.75
3.71	3.75	4.23	4.31	4.69	4.76
3.72	3.76	4.24	4.32	4.70	4.77
3.73	3.77	4.25	4.33	4.71	4.78
3.74	3.78	4.26	4.34	4.72	4.79
3.75	3.79	4.27	4.35	4.73	4.80
3.76	3.80	4.28	4.36	4.74	4.81
3.77	3.81	4.29	4.37	4.84	4.82
3.78	3.82	4.30	4.38	4.75	4.83
3.79	3.83	4.31	4.39	4.76	4.84
3.80	3.84	4.32	4.40	4.77	4.85
D2	3.85	4.32	4.41	4.78	4.86
3.81	3.86	4.33	4.42	4.79	4.87
3.82	3.87	4.34	4.43	4.80	4.88
3.83	3.88	4.35	4.44	4.81	4.89
S1	4.1	4.36	4.45	4.82	4.90
S2	4.2	4.44	4.45	4.83	4.91

<b>Old #</b>	<b>2017 #</b>
4.83	4.92
4.83	4.93
4.85	4.94
4.86	4.95
4.87	4.96
4.88	4.97
4.89	4.98
new	4.99
new	4.100
4.90	4.101
4.91	4.102
4.92	4.103
4.62	4.104
4.93	4.105
4.94	4.106
4.95	4.107
4.96	4.108
4.97	4.109
4.97	4.110
4.98	4.111
4.99	4.112

<b>Old #</b>	<b>2017 #</b>
5.1	5.1
5.2	5.2
5.3	5.3
New	5.4
5.5	5.5
4.4	5.6
5.6	5.7
5.7	5.8
5.8	5.9
5.9	5.10
5.10	5.11
5.11	5.12
5.12	5.13
5.13	5.14
5.14	5.15
5.15	5.16
5.16	5.17
1.10	5.18
5.17	5.19
5.18	5.20
4.86	5.21
5.19	5.22

<b>Old #</b>	<b>2017 #</b>
5.20	5.23
5.21	5.24
5.22	5.25
5.23	5.26
5.24	5.27
5.25	5.28
New	5.29
5.26	5.30
5.27	5.31
5.28	5.32
5.29	5.33
5.30	5.34
5.31	5.35
New	5.36
5.32	5.37
5.33	5.38
B1	5.39
5.34	5.40
5.35	5.41
5.36	5.42
4.42	none
5.4	none