![QUALITYstarsNY logo]

# ABBREVIATED QUALITY STANDARDS

## For

## Family-based Head Start Programs

### (In Full Compliance with Head Start Performance Standards)

*Updated April 2022*

Head Start programs pre-qualify for the QUALITYstarsNY Standards indicated in gray, having already met the requirements for these Standards as part of their federal Head Start compliance. **Head Start providers do not need to submit evidence for Standards in gray**; they will automatically earn points for them in the rating process.

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The QUALITYstarsNY Standards represent the best practices and policies in early childhood care and education. Developed by leading experts in the field of early childhood learning and development from across New York State and then validated by research, QUALITYstarsNY Standards are used to assess and rate the quality of an early childhood program.

Programs participating in QUALITYstarsNY earn points toward their rating for meeting these quality indicators. Programs are rated 1-5 Stars with 4 and 5-Stars representing an exceptional level of quality.

# LEARNING ENVIRONMENT

*Research Rationale: There is substantial evidence that classroom environment features are central to program quality and there is limited evidence that varied and appropriate classroom materials support children's development. Research shows that the quality of teacher-child interactions contributes to quality in early care and education settings and there is substantial evidence that children with involved and responsive caregivers fare better on a wide variety of child development measures. There is also a substantial amount of evidence that developmentally appropriate curriculum is related to other measures of program quality and substantial evidence that a developmentally appropriate curriculum is related to child outcomes. There is a moderate amount of evidence that developmentally-appropriate assessment is associated with improved child development outcomes.*

## Home Environment (HE) - 60 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
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| **HE 1** | Provider attends training on the Family Child Care Environment Rating Scale-R (FCCERS-R). | Providers are well versed in the ERS so they can create an environment in their home that is conducive to learning and caring for children's routine needs. | ❑ Evidence in The Aspire Registry that at least the provider has attended training on the FCCERS-R within the last 15 months. | ❑ Evidence in The Aspire Registry that at least the provider has attended training on the FCCERS-R within the last 15 months. | 2 |
| **HE 2** | Provider completes a self-assessment using one of the FCCERS assessment tools and writes an improvement plan to address subscale scores below 3.25. | Provider and assistant provider(s) identify ways to improve the environment, using the relevant ERS. | Submit **ALL** of the following:<br><br>❑ Completed ERS Score Sheet including sub-scale average scores. Score Sheet must show Date of Observation (dated within the previous 15 months of Standard Inventory submission)<br><br>**AND**<br><br>❑ Written improvement plan with dates for completion for all sub-scale average scores below 3.25 | Evidence must include **ALL** of the following:<br><br>❑ One copy of a completed ERS self-assessment report (including overall and subscale scores).<br><br>**AND**<br><br>❑ One copy of a written improvement or action plan for all subscales with a score below 3.25. | 8 |

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| | *Providers do not submit evidence for Standards HE 3 − HE 5. These Standards are only applicable after Standards Inventory submission for programs that earn a Provisional Rating of 3-5 Stars. For eligible programs, an ERS assessment will be conducted by QUALITYstarsNY's independent assessment team and the average scores will be used to determine the points that will be calculated into the program's Active Rating. If a program earns an average score below 4.25 on their ERS assessment, they will automatically earn a 2 Star Active Rating.* | | | | |
| HE 3 | Program has an <u>independent</u> ERS assessment and achieves an overall score of 4.25 − 4.99. | An external observer can provide an unbiased assessment of the learning environment. | ***Program does not submit evidence for this Standard.*** <br><br> *If applicable, completed ERS report(s) is automatically sent to QUALITYstarsNY from the independent observer.* | ***Program does not submit evidence for this Standard.*** | 30 |
| HE 4 | Program has an <u>independent</u> ERS assessment using the appropriate scale(s) and achieves an overall score of 5.00 − 5.49. | An external observer can provide an unbiased assessment of the learning environment. | ***Program does not submit evidence for this Standard.*** <br><br> *If applicable, completed ERS report(s) is automatically sent to QUALITYstarsNY from the independent observer.* | ***Program does not submit evidence for this Standard.*** | 40 |
| HE 5 | Program has an <u>independent</u> ERS assessment using the appropriate scale(s) and achieves an overall score of 5.50 or higher. | An external observer can provide an unbiased assessment of the learning environment. | ***Program does not submit evidence for this Standard.*** <br><br> *If applicable, completed ERS report(s) is automatically sent to QUALITYstarsNY from the independent observer.* | ***Program does not submit evidence for this Standard.*** | 50 |

## Child Observation & Assessment (COA) - 20 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
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| COA 1 | Provider collects information at enrollment on children's development including social emotional concerns, home language(s), preferences, and any special needs. | Providers should gather information about each child and family during enrollment, in order to inform curriculum planning, help guide children's learning, and | ❑ Submit a copy of a completed questionnaire or enrollment form for 2 different children **(with identifying information removed - label** | Evidence must reference all of the following: <br><br> ❑ 2 children **(with identifying information removed - label submitted evidence as child 1, child 2)** | 2 |

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| | | understand family circumstances from day one. This information is collected on all children. In addition to gathering information on any special needs, general information on children's preferences and background should be collected. | **submitted evidence as child 1, child 2)**. | ❑ Child's physical development<br>❑ Child's cognitive development<br>❑ Child's social-emotional development<br>❑ Home Language(s) of child<br>❑ Child's dietary needs and preferences<br>❑ Child's date of enrollment | |
| COA 2 | Provider documents the developmental status of each child within 45 days of entering the home/starting the program using a child development screening tool. | Before or soon after starting in a family child care home, a child should be initially screened for basic developmental levels in order to help define individual learning goals and identify any potential special needs. | ❑ Submit a copy of each developmental screening tool used for one child **(with identifying information removed - label submitted evidence as child 1)**<br><br>**OR**<br><br>❑ Policy and procedures for screening | Evidence must include all of the following:<br>❑  1 child  **(with identifying information removed - label submitted evidence as child 1)**<br>❑ Start date (This MUST be added to the form if no space exists)<br>❑ Completed screening forms/tools<br>❑ Screening date occurs before start date **OR** within 45 days of the start date<br><br>*It is not necessary to submit the entire tool. A few pages showing completed information will suffice.*<br><br>**OR**<br><br>❑ Policy and procedures for screening | 2 |
| COA 3 | Provider uses a developmental screening | When providers use a developmental screening tool | Submit a copy of a completed developmental | Evidence must include all of the following: | 1 |

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| | tool that is valid and reliable. | that has been researched, tested and shown to measure appropriate developmental milestones, they are assured that the results can be used for curriculum planning, as well as a basis to refer families for special educational services.<br><br>**Valid**: A screening tool is valid when it measures what we want to measure and not something else.<br><br>**Reliable**: A screening tool is reliable when the screening procedure is conducted accurately and consistently over time. The procedure would yield similar results if repeated or if done by a different person. | screening form/tool for one child **(with identifying information removed - label submitted evidence as child 1)**.<br><br>❑ Ages and Stages Questionnaires, Third Edition (ASQ-3)<br><br>❑ Ages and Stages Questionnaires Social-Emotional<br><br>❑ Battelle Developmental Inventory Screening Test<br><br>❑ Brigance Inventories System II<br><br>❑ Brigance Self-Help and Social-Emotional Scales<br><br>❑ Denver Developmental Screening Test (DDST)<br><br>❑ Developmental Indicators for the Assessment of Early Learning 3rd Edition (DIAL 3)<br><br>❑ Early Screening Inventory – Revised (ESI-R)<br><br>❑ Learning Accomplishment Profile-Diagnostic Screens<br><br>❑ Parents' Evaluation of Developmental Status (PEDS) | ❑ Name of tool<br><br>❑ Completed form/tool<br><br>❑ 1 child **(with identifying information removed - label submitted evidence as child 1)**<br><br>*It is not necessary to submit the entire tool. A few pages showing completed information will suffice.*<br><br>❑ If "Other" is selected, all of the following evidence must be submitted in addition to the items above:<br><br>  ❑ The tool is designed for the purpose of screening (not child assessment)<br><br>  ❑ The screening tool is appropriate for use with children between birth and age five<br><br>  ❑ The screening tool covers multiple developmental domains (i.e. physical/motor, cognitive, linguistic, and social-emotional) | |

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| | | | ❑ Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS:DM)<br><br>❑ Preschool and Kindergarten Behavior Scales, Second Edition (PKBS-2)<br><br>❑ Other – submit proof that tool is valid and reliable | | |
| COA 4 | Provider documents the developmental progress of each child at least 3 times using a child development assessment tool(s) or anecdotal records. | Authentic assessments are done regularly throughout the year, developmental progress is tracked and learning goals are adjusted. This is done for all children in the family child care home, regardless of age, using an age-appropriate tool.<br><br>Authentic assessment tools can take many forms, including:<br><br>❑ Observation notes<br>❑ Checklists<br>❑ Developmental scales<br>❑ Standardized assessment forms<br>❑ Work sampling<br><br>In order to understand the whole child, providers should gather information about each child's development | ❑ Submit copies of three developmental assessment forms/tools for one child **(with identifying information removed – label submitted evidence as child 1)**<br><br>**OR**<br><br>❑ 3 written anecdotal records, conducted on 3 different dates, at least 3 months apart, within 15 months prior to Standards Inventory submission, noting child's developmental milestone(s) within the 5 domains | Evidence must include all of the following indicators and be gathered in the following manner:<br><br>❑ 3 completed form(s)<br><br>❑ For 1 child **(with identifying information removed - label submitted evidence as child 1).**<br><br>❑ Conducted on 3 different dates, at most 3 months apart, within 15 months prior to Standards Inventory submission.<br><br>❑ At least one of the assessment forms submitted must contain data regarding **ALL** of the following developmental domains;<br><br>   ❑ Physical well-being, health, and motor development | 2 |

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| | | within all of the following domains:<br><br>❑ Physical well-being, health, and motor development<br><br>❑ Social and emotional development<br><br>❑ Approaches to learning<br><br>❑ Cognition and general knowledge<br><br>❑ Language, communication, and literacy | | ❑ Social and emotional development<br><br>❑ Approaches to learning<br><br>❑ Cognition and general knowledge<br><br>❑ Language, communication, and literacy<br><br>If provider uses a variety of assessment tools throughout the period, a different form of assessment may be submitted for each timeframe. However, programs must submit 3 forms of assessment for the same child.<br><br>**OR**<br><br>❑ Anecdotal records, noting child's developmental milestone(s) within the 5 domains. Three written anecdotes, conducted on 3 different dates, at least 3 months apart, within 15 months prior to Standards Inventory submission | 1 |
| COA 5 | Provider uses a developmental assessment tool that is valid and reliable. | Valid and reliable assessment tools have been shown to give meaningful information about a child's development and can effectively help identify developmental delays, if any exist.<br><br>**Valid**: An assessment is valid when it measures what we | Submit a copy of a completed developmental assessment form for one child (**with identifying information removed - label submitted evidence as child 1**). | Evidence must clearly indicate:<br><br>❑ Name of tool<br><br>❑ Completed form(s)<br><br>❑ 1 child (**with identifying information removed - label submitted evidence as child 1**). | 1 |

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| | | want it to measure and not something else.<br><br>❑ **Reliable**: A sound assessment is reliable when the assessment is conducted accurately and consistently over time. The procedure would yield similar results if repeated or if done by different people. | ❑ Creative Curriculum Developmental Continuum Assessment<br><br>❑ Bayley Scale of Infant and Toddler Development<br><br>❑ Brigance Inventories<br><br>❑ Galileo Preschool Assessment Scales<br><br>❑ High Scope Child Observation Record (COR)<br><br>❑ Learning Accomplishment Profile-Diagnostic (English or Spanish)⬚<br><br>❑ Mullen Scales of Early Learning<br><br>❑ Ounce Scale<br><br>❑ Work Sampling System<br><br>❑ Teaching Strategies GOLD<br><br>❑ Other –upload documentation from a tool that is not listed above and submit proof that tool is valid and reliable | *It is not necessary to submit the entire tool. A few pages showing completed information will suffice.*<br><br>❑ If Other is selected, copy of tool is provided with highlighted passages stating that:<br><br>  ❑ The tool is designed for the purpose of assessment (not screening)<br><br>  ❑ The assessment tool is appropriate for use with children between ages birth and five<br><br>  ❑ The assessment tool covers multiple developmental domains (i.e. physical/motor, cognitive, linguistic, social-emotional)<br><br>  ❑ The assessment tool is available for use by early childhood practitioners (e.g., early education teachers, child care providers, primary care practitioners, mental health service providers, home visitors, early intervention providers, etc.) | |

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| | | | | ❑ The assessment tool is valid and reliable | |
| COA 6 | Provider and any regular assistants have annual training(s) in child observation and assessment including recognition of developmental milestones, identifying possible developmental delays and linking child observation and assessment to curriculum implementation. | Home providers and their assistants should have regular training that develops and continuously refines all aspects of child development; child observation and assessment; and integrating assessment results into learning goals and experiences, in order to be knowledgeable of and able to implement the latest recommended practices. | ❑ Evidence in The Aspire Registry must show that at least 60% of family child care staff have attended child observation and assessment training within the 15 months prior to Standards Inventory submission, verified with training certificate | ❑ Evidence in The Aspire Registry must show that at least 60% of family child care staff have attended child observation and assessment training within the 15 months prior to Standards Inventory submission, verified with training certificate | 6 |
| COA 7 | Provider can document that child observations and assessments are used to inform instruction that guide curriculum implementation and individual child learning. | Assessment should be used to promote each child's development by planning and providing learning experiences that align with learning goals and help children reach their next developmental milestones.<br><br>There should be a clear connection between the child's needs and the learning experience.<br><br>Evidence of assessment results may include: conclusions drawn from observations, work samples, checklists, etc., such as:<br><br>During an observation, I noticed 4 year old child shows interest in using scissors, but holds incorrectly and rips paper. | Submit **ALL** of the following:<br><br>❑ Assessment results for 1 child **(with identifying information removed - label submitted evidence as child 1),** e.g., observation, progress report, and/or anecdotal evidence<br><br>**AND**<br><br>❑ 2 samples of weekly or daily lesson plans that include individualized learning goals based on child observations and assessment<br><br>**AND**<br><br>❑ Written policy/statement of how provider monitors children's progress towards | Evidence must contain **ALL** of the following, specific to one child:<br><br>❑ Assessment results for 1 child **(with identifying information removed - label submitted evidence as child 1)** e.g., observation, progress report, and/or anecdotal evidence<br><br>**AND**<br><br>❑ Written evidence of having tailored instruction to address assessment results (e.g., lesson plan showing modifications for child)<br><br>**AND**<br><br>❑ Written policy (can be an excerpt from a handbook) referencing how program uses assessment results to | 6 |

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| | | The weekly/daily lesson plan would then indicate the individual child's learning goal and opportunity for cutting with scissors. | learning goals and makes appropriate adaptations | individualize learning goals for children<br><br>Policy must reference:<br><br>❑ Observations and assessments<br><br>❑ Assessment results<br><br>❑ Individual child's learning goals | |

## Curriculum Planning & Implementation (CPI) – 20 points

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| CPI 1 | Provider has lesson plans that outline learning goals and contain associated intentional activities/experiences. | Written lesson plans are a guide, helping providers plan ahead so that the children in the family child care home can learn at their own pace and in their own way. Lesson plans will help providers be prepared for all the children, whether they are infants or school-age children; the home's learning environment will be safe for the youngest, while challenging for the oldest and yet comfortable and familiar. Lesson plans will also help providers remember what worked and what didn't, what children were most interested in, and think about what to do next. There are many ways to plan lessons. | ❑ 2 samples of weekly or daily lesson plans | Evidence must contain all of the following:<br><br>❑ Two weekly or daily lesson plans<br><br>❑ Developmental and/or learning goals<br><br>❑ Materials needed for the learning experience/lesson plan(s)<br><br>❑ Description of the learning experience<br><br>❑ Opportunities for individualized learning | 2 |
| CPI 2 | Provider uses a written curriculum or curriculum framework that is | The family child care provider's curriculum or curriculum framework is written, organized and references the five domains | Submit **ALL** of the following:<br><br>❑ Curriculum or curriculum framework | Evidence must include **ALL** of the following:<br><br>❑ Curriculum/curriculum framework must reference | 3 |

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| | developmentally appropriate and addresses the key domains of child development. | of child development, in order to promote optimal child development. | **AND**<br><br>❏ Documentation of use, such as daily plans or notes to parents<br><br>*Acceptable types of evidence include:*<br><br>❏ Lesson Plan(s)<br><br>**OR**<br><br>❏ Schedule(s) and/or explicit statement of how curriculum is appropriately used in lesson plans or schedule | all key domains of child development:<br><br>• Physical development<br><br>• Social-emotional development<br><br>• Approaches to learning<br><br>• Cognition<br><br>• Language, communication and literacy<br><br>**AND**<br><br>❏ 1 source of evidence of program's use of curriculum must be submitted.<br><br>*Any submitted evidence must be completed and include references to the curriculum so that one can tell it is based on the curriculum. For example, if coding is used, a legend is noted.*<br><br>*An explicit statement on how curriculum is appropriately transferred to lesson plans is expected.* | |
| **CPI 3** | Provider uses a written curriculum or curriculum framework curriculum that is evidence-based, meaning research has been conducted | Using a curriculum or curriculum framework this is evidence-based, gives the provider and families assurance that learning experiences that are guided by the curriculum will | Evidence of use of one of the following curricula:<br><br>❏ Before ABCs: Promoting School Readiness in Infants and Toddlers | Evidence must reference:<br><br>❏ Cover page of the curriculum, including title (if applicable). | 3 |

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| | regarding the relationship between the curriculum and children's learning. | effectively support children's learning for each key domain of child development.<br><br>Evidence-based means the relationship between the curriculum and child outcomes has been proven effective through published, scientifically-based studies. | ❑ Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice (Second Edition), Zero to Three<br><br>❑ Cradling Literacy<br><br>❑ Creative Curriculum<br><br>❑ Create Curriculum for Infants, Toddlers, and Two's<br><br>❑ Family Childcare Curriculum<br><br>❑ High Scope Curriculum<br><br>❑ The Montessori Approach<br><br>❑ Other – program MUST also include evidence of the research basis for the curriculum components. Reference(s) to applicable studies and research is encouraged. | ❑ If Other is selected, program MUST also include evidence of the research basis for the curriculum components. Reference(s) to applicable studies and research is encouraged. | |
| CPI 4 | Program uses a written curriculum or curriculum framework that addresses the child development areas of learning outlined in State or Federal guidance resources; the NYS Early Learning Guidelines (2020) and/or The NYS PreKindergarten Learning Standards (2019) and/or the Head Start Early | The written curriculum is aligned to major state initiatives that reference children's development and learning needs. | Submit **ALL** of the following:<br><br>❑ One copy of a curriculum or curriculum framework cover page<br><br>**AND**<br><br>❑ One copy of a completed curriculum/framework crosswalk, statement or chart demonstrating alignment between the curriculum/framework and every child development area of learning outlined in the chosen State or Federal | Evidence must include **ALL** of the following:<br><br>❑ Cover page for curriculum or curriculum framework<br><br>**AND**<br><br>❑ Curriculum/framework crosswalk is completed for **ALL** child development areas of learning for the chosen State or Federal guidance resource<br><br>*If written statement or chart is submitted as evidence of alignment, it clearly notes how* | 4 |

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| | Learning Outcomes Framework: Ages Birth to Five | | guidance resource listed below:<br><br>• NYS Early Learning Guidelines (2020)<br><br>• NYS PreKindergarten Learning Standards (2019)<br><br>• Head Start Early Learning Outcomes Framework: Ages Birth to Five | *curriculum/framework aligns with* **ALL** *child development areas of learning* | |
| **CPI 5** | The curriculum or curriculum framework is adapted to be culturally competent by incorporating into the learning environment culturally sensitive books, themes and projects. | Written curriculum recognizes the diversity of cultures, linguistic abilities, family units, disabilities, and religions that exist within the family child care home and throughout the world and fosters a sense of awareness, empathy, understanding, and acceptance of these differences. | ❏ Submit copies of two DIFFERENT activity/lesson plans referencing the use of culturally sensitive books, themes, or projects. | Evidence must include the following:<br><br>❏ 2 DIFFERENT activity/lesson plans. Each activity/lesson plan references the use of culturally sensitive books, themes, or projects.<br><br>Examples:<br><br>• Curriculum guides teachers in planning and implementing learning experiences related to diverse cultures<br><br>• Diverse elements of the world are incorporated into classroom and learning experiences<br><br>• Curriculum provides opportunities for children to confront biases | 2 |

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| CPI 6 | Provider and any assistants receive annual training to implement the curriculum. | Ongoing training is needed to develop and continuously refine the providers' abilities to effectively implement curricula activities. | ❑ Evidence in The Aspire Registry that at least 60% of the staff of family child care home have attended Curriculum Implementation training within the 15 months prior to Standards Inventory submission | ❑ Evidence in The Aspire Registry that at least 60% of the staff of family child care home have attended Curriculum Implementation training within the 15 months prior to Standards Inventory submission | 3 |
| *Program has currently enrolled children with IFSPs or IEPs*   ☐ *If yes, continue*   ☐ *If no, go to Physical Well-being & Health* |||||
| CPI 7 | Provider implements appropriate modifications and provides additional supports to enable children with IFSPs or IEPs more effective inclusion in the full range of the program's activities. | When children with special needs participate in a family child care home, it is important for the providers to modify and support those children's learning, using IEPs and IFSPs for guidance, in order to provide a more effective, inclusive environment that gives children as much access to the full range of experiences with the least restrictions. | One copy of a written statement referencing:<br><br>❑ 1 currently enrolled child with an IFSP or IEP (with identifying information removed)<br><br>❑ Modifications made by program to accommodate child and/or child's family | Written statement that meets **ALL** of the following criteria<br><br>❑ Self-written by program<br><br>❑ References at least 1 currently enrolled child (with identifying information removed) with an IFSP/IEP<br><br>❑ References modifications made for the child and/or family by the program<br><br>*The specific IEP/IFSP with the child's name should NOT be included* | 3 |

## Physical Well-being & Health (PH) - 8 points

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| *Program has currently enrolled children under 12 months of age*   ☐ *If yes, continue*   ☐ *If no, go to PH 2* |||||
| PH 1 | Program provides infants daily opportunities to | Infants need freedom of movement, including tummy | Evidence must reference daily, supervised exercise/movement opportunities that include free | Evidence must show exercise/movement | 1 |

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| | move freely under adult supervision to explore indoor and outdoor environments, including tummy time when awake. | time, to build strength and motor skills. | movement on the stomach while awake and alert, and other movement indoors and outdoors (weather permitting).<br><br>*Acceptable types of evidence include reference in:*<br><br>❑ Parent/family handbook excerpt or policy statement (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a written policy/handbook)<br><br>**OR**<br><br>❑ Curriculum<br><br>**OR**<br><br>❑ Daily schedule<br><br>**OR**<br><br>❑ Lesson plans or goal statements | opportunities, including all of the following:<br><br>❑ Daily<br><br>❑ Free movement on stomach while awake and alert<br><br>❑ Under supervision<br><br>❑ Indoor and outdoor | |
| | Provider enrolls children 12 months of age and older   ❑ *If yes, continue*   ❑ *If no, go to PH 3* | | | | |
| **PH 2** | Program provides opportunities for toddlers and/or preschoolers to have at least 15 minutes of developmentally appropriate, structured and unstructured, moderate to vigorous physical activity | Provider should support the social-emotional, health, physical, and fine and gross motor development of children through active play. Multiple daily opportunities should be offered for structured and unstructured physical activity. | Documentation that references and specifically **names** the opportunities for structured and unstructured physical activities provided, and demonstrates that these activities occur both inside and outside.<br><br>*Acceptable types of evidence include:*<br><br>❑ Parent/family handbook | Evidence references AND specifically NAMES opportunities for;<br><br>❑ Structured physical activity (name the specific structured activity or activities)<br><br>❑ Unstructured/free play<br><br>❑ Indoor play | 1 |

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| | (both inside and outside) for every hour they are in care. For example, in a 3 hour program, children should have at least 45 minutes of physical activity in total, not necessarily continuously. | | **OR**<br><br>❑ Evidence of policy<br><br>**OR**<br><br>❑ Daily schedule or plan | ❑ Outdoor play (weather permitting).<br><br>NOTE: Provide at least 15 minutes of developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside) for every hour they are in care. For example, in a 3 hour program, children should have at least 45 minutes of physical activity in total, not necessarily continuously. | |
| **PH 3** | Provider has a policy that details screen time for children, including that screen time time is never used for children birth to age 2. For children ages 2 to 5, there is no more than 30 minutes once a week of high quality educational or movement-based commercial-free programming and screen time is never used during nap and meal time. | Children's access to television/video should be nonexistent for infants and toddlers and limited to 30 minutes per week for preschoolers so as to reduce the harmful effects of screen time and commercial marketing on health, learning, behavior and sleep. | Submit one copy of a written policy or handbook excerpt (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a written policy/handbook) referencing:<br><br>❑ Provider's screen time viewing policies.<br><br>❑ How viewing policies are differentiated according to age group. | Evidence must show:<br><br>❑ Written policy that references "no screen time" is provided for any age group in the program. Policy can be an excerpt from program's staff or family handbook (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a written policy) .<br><br>**OR**<br><br>Written policy differentiating screen time by age group that | 2 |

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|---|---|---|---|---|---|
| | | | | references **ALL** of the following: ❑ No screen time for children birth to age 2 (if applicable). ❑ For children ages 2-5 (if applicable):    ❑ 30 minutes/week MAX of screen time    ❑ No screen time during naps    ❑ No screen time during meals    ❑ All screen time is quality educational and/or movement-based    ❑ No commercial advertising | |
| **PH 4** | Provider promotes the consumption of meals and snacks that meet the Child and Adult Care Food Program (CACFP) meal pattern for the ages served. | Nutrition is important to children's growth and development. Childhood is also a time to teach nutrition and healthy habits that will last a lifetime. Menus that comply with the CACFP meal pattern requirements meet children's nutrition, growth and developmental needs. There must be a clear link between CACFP guidelines and | **PARTICIPATES IN CACFP** ❑ Submit evidence of CACFP participation **DOES NOT PARTICIPATE in CACFP** ❑ One week of menus for all meals/snacks served **AND** ❑ Statement of compliance with CACFP minimum meal pattern | **PARTICIPATES IN CACFP** ❑ Evidence of participation in CACFP (i.e., CACFP billing, CACFP reimbursement checks, correspondence from CACFP Sponsor or CACFP contract) **DOES NOT PARTICIPATE in CACFP** | 2 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| | | the meal pattern (portion size and components for meals and snacks) on menus.<br><br>For more information about CACFP meal patterns, visit the USDA Food and Nutrition website for family day care homes. | components for all meals and snacks served. | ❑ One week of menus for all meals/snacks served<br><br>**AND**<br><br>❑ Statement of compliance with CACFP minimum meal pattern components for all meals and snacks served. | |
| **PH 5** | Provider implements a program-wide obesity prevention program. | It is important for providers to establish program-wide goals that instill in children, families, and staff, the importance of healthy, active living and to provide them with the tools to adopt healthy habits. | Submit written evidence of implementation of a program-wide formal obesity prevention program for children, families, and staff.<br><br>*Acceptable types of evidence include:*<br><br>❑ Program assessment(s)<br><br>**OR**<br><br>❑ Action plan(s)<br><br>**OR**<br><br>❑ Timeline(s)<br><br>**OR**<br><br>❑ Goal statement(s) | Evidence demonstrates the adoption and implementation of a program-wide obesity prevention program for children, families, and staff. | 1 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| **PH 6** | Provider attends training regarding implementation of the program-wide obesity prevention program. | Provider is trained to implement a formal obesity prevention program. | ❑ Evidence in The Aspire Registry that the provider has attended training regarding implementation of the program-wide obesity prevention program within the 15 months prior to Standards Inventory Submission | ❑ Evidence in The Aspire Registry that the provider has attended training regarding implementation of the program-wide obesity prevention program within the 15 months prior to Standards Inventory Submission | 1 |

# FAMILY ENGAGEMENT

*Research Rationale: There is substantial evidence that parent involvement and parent-provider communication is important for high quality early childhood education and that parent-involvement is related to child development outcomes. Parent-provider communication in the parent's dominant language is necessary for optimum results.*

## Communication (C) - 25 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| *Provider enrolls children under 12 months of age* | | ❑ *Yes, continue* | ❑ *No, go to C2* | | |
| **C 1** | Provider communicates with parents of infants in writing on a daily basis about care giving routines, such as feeding, sleeping, and diapering/toileting. | It is important to keep families informed as to the health and schedule of their child on a daily basis. Verbal communications are great, but not enough to ensure that parents have the information they need at the end of a busy day, when their | Submit all of the following:<br><br>❑ Copies of completed form(s) for 1 child **(with identifying information removed - label submitted evidence as child 1)** communicating information and times of day for feeding, | Evidence must include;<br><br>❑ Completed form(s) for 1 child **(with identifying information removed - label submitted evidence as child 1)** that reference the following care routines and times of day:<br><br>❑ Feeding | 3 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| | | infants might be fussy and need their full attention. | sleeping, diapering to families<br><br>**AND**<br><br>❑ Written policy (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a manual/handbook) stating how written reports/forms are shared with families on a daily basis. | ❑ Sleeping<br>❑ Diapering<br><br>**AND**<br><br>❑ Written policy (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a manual/handbook) stating how written reports/forms are shared with families on a daily basis. | |
| **C 2** | Program communicates with families in a comprehensive, written format about the program's history, philosophy, admissions policies, other procedures, applicable regulations, and parent involvement opportunities. | ❑ Important program information and policies should be written down, periodically updated and distributed to families. | Evidence must include information on the program's history, philosophy, admissions policies and parent/family involvement opportunities.<br><br>*Acceptable types of evidence include:*<br><br>❑ Parent/family handbook<br><br>**OR**<br><br>❑ Written policy (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a manual/handbook)<br><br>**OR**<br><br>❑ Handouts<br><br>**OR**<br><br>❑ Website posting(s) | Evidence must reference:<br><br>❑ Program's history<br>❑ Program's philosophy<br>❑ Admissions policies<br>❑ Parent/family involvement opportunities. | 8 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|---------------------|--------|
| | | | **OR**<br>❑ Other (written source, no pictures) | | |
| **C 3** | Provider periodically communicates in writing with families about program and child activities and other pertinent information. | It is important to regularly share information about general program events and children's activities with families so that they are aware of activities and may prepare or plan to participate. Information should be presented in a format easily accessible to families and translated, if necessary. | ❑ Submit copies of two written communications sent on two DIFFERENT dates within the 15 months prior to Standards Inventory submission, outlining the specific nature of general program events and child activities and clearly indicating that the information was communicated to families | 2 written communications (e.g., newsletters, e-newsletters, e-mails, and website postings) to families that:<br><br>❑ Outline the specific nature of general program events and child activities.<br><br>❑ Were sent on 2 DIFFERENT dates.<br><br>❑ Are dated within the 15 months prior to Standards Inventory submission. | 4 |
| **C 4** | Provider meets one-on-one with parents about their individual child's developments at least twice a year. | Children grow fast and sometimes behave differently at home and the provider's child care. Therefore, it is important for families and providers to intentionally meet at least twice a year for a two-way discussion about their child's development, including physical well-being, health, and motor development; social and emotional development; approaches to learning; cognitive and general knowledge; and language, communication, and literacy. Providers and families will | Evidence must demonstrate that meetings occurred on at least 2 different dates within the previous 15 months.<br><br>*Acceptable types of evidence include:*<br><br>❑ Meeting invitation<br><br>**OR**<br><br>❑ Calendar showing schedule of teachers' conferences<br><br>**OR**<br><br>❑ Conference announcement(s) | Evidence must demonstrate:<br><br>❑ Documentation for a single child dated within the 15 months prior to Standards Inventory submission.<br><br>❑ Meetings occurred on at least 2 DIFFERENT dates<br><br>❑ Between at least one parent and provider/assistant with regard to child's development | 4 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| | | be able to use this shared knowledge to support learning at home and in the family child care home. | **OR**<br><br>❑ Parent/family handbook<br><br>**OR**<br><br>❑ Sign in sheet(s) | | |
| **C 5** | Provider shares information with parents about the provider's, and any assistant's, educational qualifications and professional experience. | Families are informed, in writing, of the qualifications of the people who are taking care of and providing learning experiences to their children so they can trust and develop significant positive relationships. | Submit written evidence of having communicated qualifications and experience of provider and at least one current assistants' (if applicable) to families.<br><br>*Acceptable types of evidence include:*<br><br>❑ Handbook with staff qualification information<br><br>**OR**<br><br>❑ Staff member profiles<br><br>**OR**<br><br>❑ Newsletter<br><br>**OR**<br><br>❑ Memo<br><br>**OR**<br><br>❑ Website | Evidence demonstrating communication to families about staff qualifications and professional experience for:<br><br>❑ Provider<br><br>**AND**<br><br>❑ At least 1 current assistant, if applicable | 4 |
| **C 6** | Provider provides written information about family resources and supports, such as information on child development, oral health, child health insurance, tax credits, and | It is helpful to families when family child care programs provide information about family resources and supports in the community. | Evidence must show that written information about relevant family resources and supports is accessible to families.<br><br>Program must provide **ALL** of the following: | Evidence must include **ALL** of the following:<br><br>❑ Written statement (such as a note to families or statement in family handbook) referencing | 9 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| | child care financial assistance. | | ❑ Reference to the availability of resources<br><br>**AND**<br><br>❑ 3 sample resources/supports offered (e.g., information on child development, oral health, child health insurance, tax credits, child care financial assistance, and other) | available resources and supports.<br><br>**AND**<br><br>❑ 3 sample resources/supports offered (e.g., information on child development, oral health, child health insurance, tax credits, child care financial assistance, and other) | |

## Family Involvement & Support (FIS) - 32 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| | Provider enrolls children under 12 months of age ❐ Yes, continue ❐ No, go to FIS 2 | | | | |
| **FIS 1** | Provider supports breastfeeding. | There are proven health benefits and development advantages associated with breastfeeding. Providers should support mothers who desire to provide breast milk for their children. | **PARTICIPATES IN CACFP**<br><br>❑ Completed and current (not expired) **CACFP Breastfeeding Friendly Certificate**<br><br>**DOES NOT PARTICIPATE IN CACFP**<br><br>❑ Completed **CACFP Self-Assessment** (must be specific to CACFP). | **PARTICIPATES IN CACFP**<br><br>❑ CACFP Breastfeeding Friendly Certificate is completed and current, not expired<br><br>**DOES NOT PARTICIPATE IN CACFP**<br><br>❑ CACFP Self-Assessment is completed (must be specific to CACFP). | 2 |
| **FIS 2** | Provider offers family social gatherings that intentionally include other family members, in addition to parents. | Engaging extended family members in the program's activities sends the message that every member of each child's family and communities are important to children's development. | Submit written evidence of intentionally having offered family social gatherings inclusive of all family members, in addition to parents (e.g. grandparents, siblings, uncles, etc.) | ❑ Written evidence of intentionally having offered family social gatherings inclusive of all family members, in addition to parents (e.g. | 3 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|---------------------|--------|
| | | | *Acceptable types of evidence include:* | grandparents, siblings, uncles, etc.). | |
| | | | ❑ Announcement, invitation, or flyer | | |
| | | | **OR** | | |
| | | | ❑ Calendar showing gathering(s) with event details | | |
| | | | **OR** | | |
| | | | ❑ Newsletter | | |
| | | | ❑ | | |
| **FIS 3** | Provider offers volunteering opportunities for families, such as help with field trips and opportunities to share talents and expertise. | It is important to provide families with opportunities to participate in their child's program. Allowing family members to volunteer will enhance the trust and partnership between families and care givers. | Evidence must show that provider offers opportunities for family members to volunteer. *Acceptable types of evidence include:* ❑ Policy Statement **OR** ❑ Memo **OR** ❑ Announcement, invitation, or flyer | ❑ Evidence must demonstrate that provider offers opportunities for family members to volunteer. *Indication that families can initiate volunteer opportunities that will then be considered can also meet this standard.* | 3 |
| **FIS 4** | Families complete a program evaluation or survey annually and results are used for program improvement. | Providers, who are looking to improve their family child care homes, welcome feedback about the program's strengths and weaknesses from families. This information is analyzed and used to improve the program. | Provide **ALL** of the following: ❑ 2 completed surveys or other evaluation tool(s), dated within the 15 months prior to Standards Inventory submission **AND** ❑ One copy of a written improvement or action plan | Evidence must include: ❑ 2 completed surveys or other evaluation tool(s), dated within the 15 months prior to Standards Inventory submission **AND** ❑ Improvement/action plan based on results from | 4 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| | | | based on the results of these surveys or evaluations. | completed surveys or evaluation. | |
| FIS 5 | Provider completes a self-assessment on family-responsive practices using a tool, such as the Center for the Study of Social Policy's Family Strengthening Self-Assessment tool, and results are used for program improvement. | Providers should regularly assess whether their responsiveness to families and the supports they need are effective. The results will be used to determine improvements to the family child care program's responsive practices. | Provide **ALL** of the following:<br><br>❑ Program assessment tool, at least 50% completed<br><br>**AND**<br><br>❑ One improvement/action plan based on assessment results | Evidence must include **ALL** of the following:<br><br>❑ Program assessment tool is at least 50% completed<br><br>**AND**<br><br>❑ 1 improvement/action plan based on assessment results | 5 |
| FIS 6 | Provider and any assistants complete a self-assessment of cultural awareness/Anti-Bias Education using an evidence-based tool. The results are used for program improvement. | Provider's family child care program is actively working to improve its cultural and linguistic competency so that it can work with and support diverse families. | Submit **ALL** of the following:<br><br>❑ One copy of a completed self-assessment.<br><br>**AND**<br><br>❑ One copy of a written improvement or action plan based on assessment results.<br><br>*Acceptable tools include:*<br><br>• The National Association for the Education of Young Children (NAEYC) Pathways to Cultural Competence Checklist<br><br>• Self-Assessment Checklist for Personnel Providing Services and Supports In Early Intervention<br><br>• Early Childhood Settings from the National Center on Cultural Competence | Evidence must include:<br><br>❑ Completed self-assessment<br><br>**AND**<br><br>❑ Completed improvement plan based on assessment results. | 5 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| | | | • Other – must include information to indicate the tool is related to cultural awareness/anti-bias education | | |
| *Provider enrolls children whose home language is not English:* ☐ *Yes, continue*    ☐ *No, go to Transitions* | | | | | |
| **FIS 7** | Provider and any assistants greet children and families in the home languages of the children and parents. | Staff supports the needs of children and families whose home language is not English. | Submit **ALL** of the following:<br><br>☐ One copy of a list of children's home languages.<br><br>**AND**<br><br>☐ One copy of a written policy or practice statement (or excerpt thereof) discussing how program greets children and families in their home language(s). | Evidence must reference:<br><br>☐ List contains languages other than English which are spoken by children at home.<br><br>**AND**<br><br>☐ Policy/practice statement (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a manual/handbook) discussing how provider and any assistants greet children and families in their home language(s). | 2 |
| **FIS 8** | Provider has access to at least one English speaker who also speaks those languages who can assist with translation or other requests (e.g., another parent, community volunteer, or neighbor). | To support the needs of children who speak a home language other than English and to communicate effectively with families about their children, a provider needs to have utilized someone who speaks both English and the language spoken by the family. | Provide **ONE** of the following:<br><br>☐ Policy statement<br><br>**OR**<br><br>☐ Resumes showing language fluency<br><br>**OR**<br><br>☐ Statement from person(s) who speaks the dominant language | Evidence must include:<br><br>☐ List of primary languages of children/families<br><br>**AND**<br><br>☐ Evidence that provider utilizes person who can translate between provider and families who speak in other language | 2 |
| **FIS 9** | Provider completes training to address the needs of Emergent | Providers will be more capable of supporting the needs of children and families | ☐ Evidence in The Aspire Registry that at least the provider has attended | ☐ Evidence in The Aspire Registry that at least the provider has attended | 6 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| | Multilingual Learners (EML). | whose home language is not English, if they participate in regular training to develop and refine their knowledge of practices related to English Language Learners (ELL). | training that addresses the needs of Emergent Multilingual Learners (EML) within the 15 months prior to Standards Inventory submission. | training that addresses the needs of Emergent Multilingual Learners (EML) within the 15 months prior to Standards Inventory submission | |

## Transitions (T) - 8 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| T 1 | Provider has a written policy and procedures to support children and families transitioning into the home childcare setting, which includes providing information on separation and attachment. | Separation is difficult for both young children and their parents/families. Providers should be knowledgeable about the meaning of separation at different ages and have the skills to help both children and parents/families to understand and cope with separation. Having a specific written policy demonstrates a provider's awareness of transitions and acknowledges its significance to families. | Evidence must reference ways in which the provider supports families when <u>starting</u> the program, including providing information on separation and attachment.<br><br>*Acceptable types of evidence include:*<br><br>❏ Policy statement<br><br>**OR**<br><br>❏ Procedures | Evidence must reference:<br><br>❏ Ways provider supports families when <u>starting</u> the program<br><br>❏ Separation information<br><br>❏ Attachment information | 4 |
| T 2 | Provider has a written policy and procedures to support children and families transitioning out of the home child care setting including when children transition to another care or educational setting (e.g., other family home, kindergarten). | A provider should follow procedures to help children and their families anticipate and adjust to new routines. Careful implementation and clarity in written policies and procedures reduce the trauma and upset. When possible, families should be included in the planning for changes in their child's routine or primary caregiver. Additionally, in the case of children going to Kindergarten, providers should have | Evidence must reference ways in which the program supports families in transitioning <u>out of</u> their family child care home and into another program.<br><br>*Acceptable types of evidence include:*<br><br>❏ Policy statement | ❏ Evidence shows that program supports families as children transition <u>out of</u> their family child care home and into another program. | 4 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| | | resources to aid families in making this large transition to school. | **OR**<br>❑ Procedures<br>**OR**<br>❑ Excerpt from parent/family handbook<br>**OR**<br>❑ Sample of information given to families (e.g. kindergarten registration)<br>**OR**<br>❑ Evidence of meetings or other supports | | |

# QUALIFICATIONS AND EXPERIENCE

*Research Rationale: There is a substantial amount of evidence that teacher education and training are related to other measures of program quality and to child outcomes. There is substantial evidence that director professional development is related to other measures of program quality and limited evidence that director professional development is related to child outcomes. While there is limited and conflicting evidence that experience of staff is related to other measures of program quality or child development outcomes, consumers value experience.*

**Note**: Points are earned for the highest degree completed AND for each of several credentials AND for experience. The provider earns points in Management (qualifications and experience). Both the provider and any assistants earn points in the Provider and Assistants Qualifications and Experience sections. If there is an assistant, these points are weighted by percent of time worked by the provider and the assistant and averaged. To be equitable between group family and family child care, the provider's qualifications and experience count more heavily than the assistant's. Provider and any assistants submit documentation pertaining to professional qualification and experience to The Aspire Registry for New York's Early Childhood Workforce Registry for verification. Providers must review their Qualifications & Experience Report, available in their QUALITYstarsNY Profile and confirm that it reflects all qualifications, education, and trainings for them and their assistants (if applicable) BEFORE submitting their Standards Inventory for rating.

# Provider Management Qualifications - 12 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| **PMQ 1** | 15 clock hours in management, leadership, and/or administration (or for Group FCC in supervision) **-OR-** | Provider has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program. | ❑ As indicated in The Aspire Registry, verified with training certificates | ❑ As indicated in The Aspire Registry, verified with training certificates | 2 |
| **PMQ 2** | 3 to 5 credits in management, leadership, and/or administration (or for Group FCC in supervision) **-OR-** | Administrator has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 6 |
| **PMQ 3** | 6 to 8 credits in management, leadership, and/or administration (or for Group FCC in supervision) **-OR-** | Administrator has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 9 |
| **PMQ 4** | 9 or more credits (13.5 CEUs) in management, leadership, and/or administration (or for Group FCC in supervision) | Administrator has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 12 |

# Provider Administrative Experience - 2 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| **PAE 1** | At least 3 years of experience in an administrative position in an early care and education program | Provider has the appropriate experience in supervising a care program to manage a developmentally appropriate and high quality program. | ❑ As indicated in program's Aspire Registry employment tab | ❑ As indicated in program's Aspire Registry employment tab | 2 |

# Provider & Assistant Qualifications - 58 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| **PAQ 1** | Child Development Associate (CDA) credential with Infant-Toddler specialization<br><br>**-OR-**<br><br>Child Development Associate (CDA) credential with Family Child Care specialization<br><br>**-OR-**<br><br>Child Development Associate (CDA) credential with Preschool specialization | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with certificate | ❑ As indicated in The Aspire Registry, verified with certificate | 23 |
| **PAQ 2** | Montessori, Infant/Toddler Credential<br><br>**-OR-**<br><br>Montessori, Early Childhood Credential<br><br>**-OR-**<br><br>Montessori, International Credential | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with certificate | ❑ As indicated in The Aspire Registry, verified with certificate | 28 |
| **PAQ 3** | NYS Infant-Toddler Credential<br><br>**-OR-**<br><br>NYS Family Child Care Credential | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with certificate | ❑ As indicated in The Aspire Registry, verified with certificate | 31 |
| **PAQ 4** | No higher education degree but at least 9 college credits in ECE<br><br>**-OR-** | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 28 |

| | | | | | |
|---|---|---|---|---|---|
| **PAQ 5** | No higher education degree but at least 18 college credits in ECE<br><br>**-OR-** | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 35 |
| **PAQ 6** | Associates degree in ECE, or Associates degree in a related field and 9 ECE credits, or any Associates degree and at least 24 credits in ECE<br><br>**-OR-** | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 38 |
| **PAQ 7** | Bachelor's degree in ECE, or Bachelor's degree in a related field and 9 ECE credits, or any Bachelor's degree and at least 24 credits in ECE.<br><br>**-OR-** | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 45 |
| **PAQ 8** | Master's degree or higher in ECE, or Master's degree in a related field and 9 ECE credits or any Master's degree or higher and at least 24 credits in ECE | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with transcript | ❑ As indicated in The Aspire Registry, verified with transcript | 48 |
| **PAQ 9** | NYS Early Childhood Teacher (Birth – Grade 2) Certificate<br><br>**-OR-**<br><br>NYS Students with Disabilities (Birth – Grade 2) Certificate<br><br>**-OR-**<br><br>NYC Teacher (N-6) Certificate | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with certificate | ❑ As indicated in The Aspire Registry, verified with certificate | 5 |
| **PAQ 10** | Family Development Credential | Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care. | ❑ As indicated in The Aspire Registry, verified with certificate | ❑ As indicated in The Aspire Registry, verified with certificate | 5 |

## Provider & Assistant Experience - 6 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| E 1 | At least 3 years of experience in any teaching position in an early care and education program | Staff has the appropriate experience in supervising a care program to manage a developmentally appropriate and high quality program. | ❑ As indicated in program's Aspire Registry employment tab | ❑ As indicated in program's Aspire Registry employment tab | 6 |

## Retention - 12 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| R 1 | Provider has been a registered or licensed (group) family day care operator continuously for 5 or more years. | The program has maintained a healthy care environment over a long period of time. | ❑ License status as indicated in The Aspire Registry | ❑ License status as indicated in The Aspire Registry | 12 |

# MANAGEMENT AND LEADERSHIP

*Research Rationale: There is some evidence that the implementation of program policies and procedures is related to other measures of quality and child development outcomes.*

Note: For multi-site organizations, this section may need to be completed by staff in the central office. Documentation must apply to the program submitting for rating.

# Administrative Self-Assessment (ASA) - 10 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| ASA 1 | Provider conducts a self-assessment using a tool, such as the Business Administration Scale (BAS) or the self-study for National Association for Family Child Care Accreditation (NAFCC). | Provider is systematically looking to improve the management and business practices of the family child care program. | Submit **ONE** of the following:<br>❑ Completed Business Administration Scale (BAS) Item Summary Form **AND** completed BAS Profile<br>**OR**<br>❑ NAFCC Candidacy Report<br>**OR**<br>❑ NAFCC Accreditation Assessment | Evidence must include:<br>BAS Submission Requires:<br>❑ Completed BAS Item Summary Form<br>**AND**<br>❑ Completed BAS Profile<br>**OR**<br>❑ NAFCC Candidacy Report<br>**OR**<br>❑ NAFCC Accreditation Assessment | 5 |
| ASA 2 | Program demonstrates progress on a plan aligned to the administrative/management self-assessment. | After an evaluation, it is important that management follows through on area(s) identified as needing improvement in order to improve the program. | ❑ Plan indicating progress made for at least 3 indicators identified as needing improvement, with concrete steps to make improvements for each. | Submit a plan that meets the following criteria:<br>❑ Indicates it is based on program management self-assessment results<br>❑ Outlines at least 3 indicators in need of improvement<br>❑ Outlines steps taken to achieve improvement | 5 |

# Financial Accountability & Sustainability (FAS) - 27 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| FAS 1 | Liability insurance premium is current to date. | Even in the best homes, accidents happen. Therefore, it is imperative that family child care | ❑ Submit written evidence referencing liability insurance is current an in effect at least 1 month past | Evidence must reference:<br>❑ Liability insurance certificate effective date is | 2 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| | | providers protect their family and home with appropriate, up-to-date liability insurance. | Standards Inventory submission date. | at least 1 month past self-study submission date | |
| FAS 2 | Local, state and federal taxes are paid on time. | Fiscal responsibilities, including the payment of taxes, should be maintained at all times. | ❑ Submit evidence demonstrating that state and federal income taxes were paid on time, dated within the 15 months prior to Standards Inventory submission | Evidence must demonstrate:<br><br>❑ Paid federal income taxes<br>**AND**<br><br>❑ Paid state Income taxes<br><br>❑ Documents dated within the 15 months prior to Standards Inventory submission | 2 |
| FAS 3 | Provider has a current-year operating budget showing revenues and expenses. | Providers must plan for future expenditures by creating a regular budget for their business, separate from their family's (usually annually).<br><br>Examples: Quick Book report, Calendar Keeper, accountant's report, etc. | ❑ One copy of a current program/operating budget dated within the 15 months prior to Standards Inventory submission | Evidence must show<br><br>❑ Budget clearly indicates program revenues.<br><br>❑ Budget indicates program expenses.<br><br>❑ Budget is dated within the 15 months prior to Standards Inventory submission. | 3 |
| FAS 4 | Provider records income and expenses at least monthly and reviews income and expense statements, comparing actual revenues and expenses to budget quarterly. | Providers should be aware of current financial resources and expenses, in order to remain a viable business and service for families. Regular analysis of the family child care business income and expenses will help providers adjust fees, pay assistant(s), and provide materials and experiences for the | ❑ Quarterly financial reports | Evidence must include all of the following:<br><br>❑ Quarterly (4) financial reports (unless provider operates only for 9 months/year, in which case 3 reports is sufficient)<br><br>❑ Reports compare actual and projected income and expenses | 4 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| | | children's learning environment. | | ❑ Dated within the previous 15 months. | |
| **FAS 5** | Provider has a system of record keeping that tracks incomes and expenses for tax purposes and individual cost of care. | Providers who have an effective system for tracking income and expenses, will be able to pay the appropriate amount of taxes (not too much or too little) on time. This system keeps more funds available so providers can manage expenses more effectively. | ❑ Evidence of record keeping system | Evidence should include:<br><br>❑ Logbook or spreadsheet<br>❑ Dated income entries<br>❑ Dated expense entries | 4 |
| **FAS 6** | Provider calculates cost of care, has goals for her own compensation, and uses both to set tuition rates. | Having an accurate understanding of the cost of care, including compensation for the provider and any assistant(s) is important for the small business, family child care home. Using this information effectively will help providers plan for the future and stay in business. | ❑ Cost of care calculation sheet or printout | Evidence should demonstrate the following:<br><br>❑ Cost of care calculation that includes:<br>  ❑ Income goal<br>  ❑ Estimated expenses<br>  ❑ Weekly child care rate depending on number of children to be served (See Resource Guide)<br><br>❑ Determination of tuition rates that align with cost of care calculation | 2 |
| **FAS 7** | There is an independent preparation of taxes by someone with accounting or bookkeeping expertise. | Family child care providers have many responsibilities and it is easy to make accounting errors. In order to protect your family child care business, it is important to have another person with | Submit **ALL** of the following:<br><br>❑ Bill/invoice from tax preparer<br><br>**AND** | Evidence should indicate:<br><br>❑ Tax preparer is someone other than the family child care provider<br><br>❑ Tax preparer has specific knowledge of tax | 4 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|---------------------|--------|
| | | accounting expertise prepare your tax forms. | ❑ Tax form with preparer's signature | requirements for the small business | |
| FAS 8 | Provider uses technology to manage finances and enrollment, e.g., uses Minute Menu for CACFP or automated time and attendance. | Technology provides a valuable time-saving tool for managing finances and enrollment. | ❑ Enrollment or financial monitoring report(s)<br><br>OR<br><br>❑ Minute Menu reports | Evidence should indicate the following:<br><br>❑ One print out of a report from a technology tool, such as Minute Menu, Quick Books, payroll service provider, or another management tool | 2 |
| FAS 9 | Provider has established procedures to market and fill open child care seats (slots). | Provider should have a plan in place to market open slots, so they can fill vacancies as soon as possible and have a steady source of income. | Submit **ALL** of the following:<br><br>❑ One copy of written procedures used to market and fill open child care seats/slots (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a manual/handbook)<br><br>**AND**<br><br>❑ One copy of a marketing tool | Evidence must include **ALL** of the following:<br><br>❑ Procedures discussing the marketing and filling of open child care seats/slots (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a manual/handbook)<br><br>**AND**<br><br>❑ Examples of acceptable marketing tools include bulletins, billboard signs, advertising, and business cards | 4 |

## Policies and Procedures (PP) - 27 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|---------------------|--------|
| PP 1 | Provider uses substitutes no more than 20% of the time (e.g., no more than one day per week). | It is important for family child care homes to maintain as much consistency among the adults who care for the | ❑ Policy statement noting use of substitutes that indicates that provider | Evidence must include the following:<br><br>❑ Policy statement describing when | 9 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
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| | | children, so that providers can ensure the safety and well-being of children at all times and that children can feel safe and secure. | uses substitutes no more than 20% of the time | substitutes are used that indicates that provider uses substitutes no more than 20% of the time | |
| **PP 2** | Provider maintains confidentiality regarding children and family information and communicates this confidentiality policy to any family members, employees and substitutes. | Providers have a responsibility to respect and maintain confidentiality regarding children, their families, and staff. | ❑ Confidentiality policy | Evidence must show: Confidentiality policy that references how employees maintain confidentiality for **ALL** of the following; ❑ Children ❑ Families ❑ Employees | 6 |
| **PP 3** | The provider and any paid employees have professional development plans that match the *Core Body of Knowledge: New York State's Core Competencies for Early Childhood Educators* competency areas. | Every provider and assistant will benefit personally and professionally from having an individual, written plan for professional development in order to gain the necessary knowledge and improve skills on all topics related to early childhood education. The Core Body of Knowledge (CBK) outlines recommended practices for professionals who work directly with young children. These practices offer a road map for building meaningful relationships with children, families and colleagues; for creating nurturing, stimulating environments; and for developing oneself as a professional in an incredibly important field. | Submit one of the following for provider and any current assistance, dated within the 15 months prior to Standards Inventory submission: ❑ One copy of CBK Professional Development Planning Tool Plan **OR** ❑ One copy of a Paula Jorde Bloom Staff Development Action Plan **OR** ❑ One copy of: ❑ Another professional development plan | Evidence must reference all of the following: ❑ Completed copy of one of the following for provider and any current assistants: ❑ CBK Professional Development Planning Tool Plan ❑ Paula Jorde Bloom Staff Development Action Plan, ❑ Other plan **AND** statement of how the plan refers to at least 2 CBK areas ❑ Dated within the 15 months prior to Standards Inventory submission CBK COMPETENCY AREAS: | 12 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| | | The CBK is structured to consider all areas established by NYS as being essential for early childhood educators. | **AND**<br><br>❑ Written statement referencing how plan(s) refer to at least two of the CBK competencies | 1. Child Growth and Development;<br><br>2. Family and Community Partnerships;<br><br>3. Observation and Assessment;<br><br>4. Environment and Curriculum;<br><br>5. Health, Safety, and Nutrition;<br><br>6. Professionalism and Leadership; and<br><br>7. Administration and Management. | |

## Compensation and Benefits (CB) - 13 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|------|----------|-----------|---------------|----------------------|--------|
| **CB 1** | Provider offers for self and any paid, full-time employees:<br><br>(3 POINTS PER BENEFIT OPTION, UP TO 9 POINTS MAXIMUM)<br><br>❑ 5 days of time off (sick and/or personal)<br><br>❑ Holidays<br><br>❑ Professional development days | Staff is provided with a comprehensive benefits package to support personal and professional needs. | Evidence of benefit options program offers for self and any paid, full-time employees.<br><br>*Acceptable types of evidence include:*<br><br>❑ Employee handbook detailing benefits<br><br>**OR**<br><br>❑ Compensation package<br><br>**OR**<br><br>❑ Employee policy | Evidence program provides one or more of the following benefits must reference self and all full-time staff, if applicable. **(**Program earns 3 points for each benefit offered for a potential total of 9 points)<br><br>❑ 5 days of time off (sick and/or personal) (3 points);<br><br>❑ Holidays (3 points);<br><br>❑ Professional development days (3 points) | 3-9 |

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| **CB 2** | Provider and any paid, full-time employees have health insurance. | Staff is provided with a comprehensive benefits package to support personal and professional needs. | Evidence of providing health insurance for provider and any full time staff (if applicable)<br><br>*Acceptable types of evidence include:*<br><br>❑ Health insurance card<br><br>**OR**<br><br>❑ Health insurance policy<br><br>**OR**<br><br>❑ Health care bill | Evidence must include one proof of insurance for each position:<br><br>❑ For provider<br><br>**AND**<br><br>❑ For any paid, full-time assistant(s), if applicable | 4 |

## Program Planning (PPL) - 13 points

| CODE | STANDARD | INTENTION | DOCUMENTATION | MINIMUM REQUIREMENTS | POINTS |
|---|---|---|---|---|---|
| PPL 1 | Provider spends at least one hour per week in program planning using appropriate resources such as printed materials, the internet, and curriculum-based planning tools. | Planning ahead will help the provider remain organized and ready for each and every learning opportunity, while maintaining a safe and healthy environment and sustainable business. | Evidence demonstrating provider spends one hour per week during regular hours of operation planning.<br><br>*Acceptable types of evidence include:*<br><br>❑ Weekly schedule<br><br>**OR**<br><br>❑ Planning sheet<br><br>**OR**<br><br>❑ Staff schedule | Evidence should indicate the following:<br><br>❑ At least one hour of scheduled planning time during regular hours of operation<br><br>❑ Copy of resource(s) used for planning. A few pages showing the resource will suffice<br><br>❑ Weekly schedule/planning sheet referencing the resources gathered during planning | 13 |