



QUALITY STANDARDS

For

Family Child Care Programs

Updated April 2022

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
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.	<input type="checkbox"/> Evidence in The Aspire Registry that at least the provider has attended training on the FCCERS-R within the last 15 months.	<input type="checkbox"/> 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.	<p>Submit ALL of the following:</p> <input type="checkbox"/> 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) <p>AND</p> <input type="checkbox"/> Written improvement plan with dates for completion for all sub-scale average scores below 3.25	<p>Evidence must include ALL of the following:</p> <input type="checkbox"/> One copy of a completed ERS self-assessment report (including overall and subscale scores). <p>AND</p> <input type="checkbox"/> One copy of a written improvement or action plan for all subscales with a score below 3.25.	8

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<i>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 of 4.25 or below on their ERS assessment, they will automatically decrease a Star level for their Active Rating.</i>					
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. 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. 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. 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
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 understand family circumstances from day one.	<input type="checkbox"/> Submit a copy of a completed questionnaire or enrollment form for 2 different children (with identifying information removed - label submitted evidence as child 1, child 2).	Evidence must reference all of the following: <input type="checkbox"/> 2 children (with identifying information removed - label submitted evidence as child 1, child 2)	2

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		<p>This information is collected on all children.</p> <p>In addition to gathering information on any special needs, general information on children's preferences and background should be collected.</p>		<input type="checkbox"/> Child's physical development <input type="checkbox"/> Child's cognitive development <input type="checkbox"/> Child's social-emotional development <input type="checkbox"/> Home Language(s) of child <input type="checkbox"/> Child's dietary needs and preferences <input type="checkbox"/> 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.	<input type="checkbox"/> Submit a copy of each developmental screening tool used for one child (with identifying information removed - label submitted evidence as child 1) OR <input type="checkbox"/> Policy and procedures for screening	<p>Evidence must include all of the following:</p> <input type="checkbox"/> 1 child (with identifying information removed - label submitted evidence as child 1) <input type="checkbox"/> Start date (This MUST be added to the form if no space exists) <input type="checkbox"/> Completed screening forms/tools <input type="checkbox"/> Screening date occurs before start date OR within 45 days of the start date <i>It is not necessary to submit the entire tool. A few pages showing completed information will suffice.</i> OR <input type="checkbox"/> 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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	<p>tool that is valid and reliable.</p>	<p>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.</p> <p>Valid: A screening tool is valid when it measures what we want to measure and not something else.</p> <p>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.</p>	<p>screening form/tool for one child (with identifying information removed - label submitted evidence as child 1).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ages and Stages Questionnaires, Third Edition (ASQ-3) <input type="checkbox"/> Ages and Stages Questionnaires Social-Emotional <input type="checkbox"/> Battelle Developmental Inventory Screening Test <input type="checkbox"/> Brigance Inventories System II <input type="checkbox"/> Brigance Self-Help and Social-Emotional Scales <input type="checkbox"/> Denver Developmental Screening Test (DDST) <input type="checkbox"/> Developmental Indicators for the Assessment of Early Learning 3rd Edition (DIAL 3) <input type="checkbox"/> Early Screening Inventory – Revised (ESI-R) <input type="checkbox"/> Learning Accomplishment Profile-Diagnostic Screens <input type="checkbox"/> Parents’ Evaluation of Developmental Status (PEDS) 	<ul style="list-style-type: none"> <input type="checkbox"/> Name of tool <input type="checkbox"/> Completed form/tool <input type="checkbox"/> 1 child (with identifying information removed - label submitted evidence as child 1) <p><i>It is not necessary to submit the entire tool. A few pages showing completed information will suffice.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> If “Other” is selected, all of the following evidence must be submitted in addition to the items above: <ul style="list-style-type: none"> <input type="checkbox"/> The tool is designed for the purpose of screening (not child assessment) <input type="checkbox"/> The screening tool is appropriate for use with children between birth and age five <input type="checkbox"/> The screening tool covers multiple developmental domains (i.e. physical/motor, cognitive, linguistic, and social-emotional) 	

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			<input type="checkbox"/> Parents' Evaluation of Developmental Status- Developmental Milestones (PEDS:DM) <input type="checkbox"/> Preschool and Kindergarten Behavior Scales, Second Edition (PKBS-2) <input type="checkbox"/> 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.	<p>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.</p> <p>Authentic assessment tools can take many forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observation notes <input type="checkbox"/> Checklists <input type="checkbox"/> Developmental scales <input type="checkbox"/> Standardized assessment forms <input type="checkbox"/> Work sampling <p>In order to understand the whole child, providers should gather information about each child's development</p>	<input type="checkbox"/> Submit copies of three developmental assessment forms/tools for one child (with identifying information removed – label submitted evidence as child 1) OR <input type="checkbox"/> 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	<p>Evidence must include all of the following indicators and be gathered in the following manner:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 completed form(s) <input type="checkbox"/> For 1 child (with identifying information removed - label submitted evidence as child 1). <input type="checkbox"/> Conducted on 3 different dates, at most 3 months apart, within 15 months prior to Standards Inventory submission. <input type="checkbox"/> At least one of the assessment forms submitted must contain data regarding ALL of the following developmental domains; <ul style="list-style-type: none"> <input type="checkbox"/> Physical well-being, health, and motor development 	2

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		<p>within all of the following domains:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical well-being, health, and motor development <input type="checkbox"/> Social and emotional development <input type="checkbox"/> Approaches to learning <input type="checkbox"/> Cognition and general knowledge <input type="checkbox"/> Language, communication, and literacy 		<ul style="list-style-type: none"> <input type="checkbox"/> Social and emotional development <input type="checkbox"/> Approaches to learning <input type="checkbox"/> Cognition and general knowledge <input type="checkbox"/> Language, communication, and literacy <p>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.</p> <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 	
COA 5	Provider uses a developmental assessment tool that is valid and reliable.	<p>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.</p> <p>Valid: An assessment is valid when it measures what we</p>	Submit a copy of a completed developmental assessment form for one child (with identifying information removed - label submitted evidence as child 1) .	<p>Evidence must clearly indicate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name of tool <input type="checkbox"/> Completed form(s) <input type="checkbox"/> 1 child (with identifying information removed - label submitted evidence as child 1). 	1

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		<p>want it to measure and not something else.</p> <p><input type="checkbox"/> 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.</p>	<p><input type="checkbox"/> Creative Curriculum Developmental Continuum Assessment</p> <p><input type="checkbox"/> Bayley Scale of Infant and Toddler Development</p> <p><input type="checkbox"/> Brigance Inventories</p> <p><input type="checkbox"/> Galileo Preschool Assessment Scales</p> <p><input type="checkbox"/> High Scope Child Observation Record (COR)</p> <p><input type="checkbox"/> Learning Accomplishment Profile-Diagnostic (English or Spanish)¶</p> <p><input type="checkbox"/> Mullen Scales of Early Learning</p> <p><input type="checkbox"/> Ounce Scale</p> <p><input type="checkbox"/> Work Sampling System</p> <p><input type="checkbox"/> Teaching Strategies GOLD</p> <p><input type="checkbox"/> Other –upload documentation from a tool that is not listed above and submit proof that tool is valid and reliable</p>	<p><i>It is not necessary to submit the entire tool. A few pages showing completed information will suffice.</i></p> <p><input type="checkbox"/> If Other is selected, copy of tool is provided with highlighted passages stating that:</p> <p><input type="checkbox"/> The tool is designed for the purpose of assessment (not screening)</p> <p><input type="checkbox"/> The assessment tool is appropriate for use with children between ages birth and five</p> <p><input type="checkbox"/> The assessment tool covers multiple developmental domains (i.e. physical/motor, cognitive, linguistic, social-emotional)</p> <p><input type="checkbox"/> 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.)</p>	

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				<input type="checkbox"/> 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.	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	<p>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.</p> <p>There should be a clear connection between the child's needs and the learning experience.</p> <p>Evidence of assessment results may include: conclusions drawn from observations, work samples, checklists, etc., such as:</p> <p>During an observation, I noticed 4 year old child shows interest in using scissors, but holds incorrectly and rips paper.</p>	<p>Submit ALL of the following:</p> <p><input type="checkbox"/> Assessment results for 1 child (with identifying information removed - label submitted evidence as child 1), e.g., observation, progress report, and/or anecdotal evidence</p> <p>AND</p> <p><input type="checkbox"/> 2 samples of weekly or daily lesson plans that include individualized learning goals based on child observations and assessment</p> <p>AND</p> <p><input type="checkbox"/> Written policy/statement of how provider monitors children's progress towards</p>	<p>Evidence must contain ALL of the following, specific to one child:</p> <p><input type="checkbox"/> Assessment results for 1 child (with identifying information removed - label submitted evidence as child 1) e.g., observation, progress report, and/or anecdotal evidence</p> <p>AND</p> <p><input type="checkbox"/> Written evidence of having tailored instruction to address assessment results (e.g., lesson plan showing modifications for child)</p> <p>AND</p> <p><input type="checkbox"/> Written policy (can be an excerpt from a handbook) referencing how program uses assessment results to</p>	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 Policy must reference: <input type="checkbox"/> Observations and assessments <input type="checkbox"/> Assessment results <input type="checkbox"/> Individual child's learning goals	

Curriculum Planning & Implementation (CPI) – 20 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
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.	<input type="checkbox"/> 2 samples of weekly or daily lesson plans	Evidence must contain all of the following: <input type="checkbox"/> Two weekly or daily lesson plans <input type="checkbox"/> Developmental and/or learning goals <input type="checkbox"/> Materials needed for the learning experience/lesson plan(s) <input type="checkbox"/> Description of the learning experience <input type="checkbox"/> 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: <input type="checkbox"/> Curriculum or curriculum framework	Evidence must include ALL of the following: <input type="checkbox"/> 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.	<p>AND</p> <p><input type="checkbox"/> Documentation of use, such as daily plans or notes to parents</p> <p><i>Acceptable types of evidence include:</i></p> <p><input type="checkbox"/> Lesson Plan(s)</p> <p>OR</p> <p><input type="checkbox"/> Schedule(s) and/or explicit statement of how curriculum is appropriately used in lesson plans or schedule</p>	<p>all key domains of child development:</p> <ul style="list-style-type: none"> Physical development Social-emotional development Approaches to learning Cognition Language, communication and literacy <p>AND</p> <p><input type="checkbox"/> 1 source of evidence of program's use of curriculum must be submitted.</p> <p><i>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.</i></p> <p><i>An explicit statement on how curriculum is appropriately transferred to lesson plans is expected.</i></p>	
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	<p>Evidence of use of one of the following curricula:</p> <p><input type="checkbox"/> Before ABCs: Promoting School Readiness in Infants and Toddlers</p>	<p>Evidence must reference:</p> <p><input type="checkbox"/> Cover page of the curriculum, including title (if applicable).</p>	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. Evidence-based means the relationship between the curriculum and child outcomes has been proven effective through published, scientifically-based studies.	<input type="checkbox"/> Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice (Second Edition), Zero to Three <input type="checkbox"/> Cradling Literacy <input type="checkbox"/> Creative Curriculum <input type="checkbox"/> Create Curriculum for Infants, Toddlers, and Two's <input type="checkbox"/> Family Childcare Curriculum <input type="checkbox"/> High Scope Curriculum <input type="checkbox"/> The Montessori Approach <input type="checkbox"/> Other – provider MUST also include evidence of the research basis for the curriculum components. Reference(s) to applicable studies and research is encouraged.	<input type="checkbox"/> 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: <input type="checkbox"/> One copy of a curriculum or curriculum framework cover page AND <input type="checkbox"/> 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: <input type="checkbox"/> Cover page for curriculum or curriculum framework AND <input type="checkbox"/> Curriculum/framework crosswalk is completed for ALL child development areas of learning for the chosen State or Federal guidance resource <i>If written statement or chart is submitted as evidence of alignment, it clearly notes how</i>	4

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	Learning Outcomes Framework: Ages Birth to Five		<p>guidance resource listed below:</p> <ul style="list-style-type: none"> • NYS Early Learning Guidelines (2020) • NYS PreKindergarten Learning Standards (2019) • Head Start Early Learning Outcomes Framework: Ages Birth to Five 	<i>curriculum/framework aligns with ALL child development areas of learning</i>	
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.	<input type="checkbox"/> Submit copies of two DIFFERENT activity/lesson plans referencing the use of culturally sensitive books, themes, or projects.	<p>Evidence must include the following:</p> <input type="checkbox"/> 2 DIFFERENT activity/lesson plans. Each activity/lesson plan references the use of culturally sensitive books, themes, or projects. <p>Examples:</p> <ul style="list-style-type: none"> • Curriculum guides teachers in planning and implementing learning experiences related to diverse cultures • Diverse elements of the world are incorporated into classroom and learning experiences • 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.	<input type="checkbox"/> 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	<input type="checkbox"/> 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
<i>Program has currently enrolled children with IFSPs or IEPs</i> <input type="checkbox"/> <i>If yes, continue</i> <input type="checkbox"/> <i>If no, go to Physical Well-being & Health</i>					
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: <ul style="list-style-type: none"> <input type="checkbox"/> 1 currently enrolled child with an IFSP or IEP (with identifying information removed) <input type="checkbox"/> Modifications made by program to accommodate child and/or child's family 	Written statement that meets ALL of the following criteria <ul style="list-style-type: none"> <input type="checkbox"/> Self-written by program <input type="checkbox"/> References at least 1 currently enrolled child (with identifying information removed) with an IFSP/IEP <input type="checkbox"/> References modifications made for the child and/or family by the program <i>The specific IEP/IFSP with the child's name should NOT be included</i>	3

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

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
<i>Program has currently enrolled children under 12 months of age</i> <input type="checkbox"/> <i>If yes, continue</i> <input type="checkbox"/> <i>If no, go to PH 2</i>					
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.	<p>movement on the stomach while awake and alert, and other movement indoors and outdoors (weather permitting).</p> <p><i>Acceptable types of evidence include reference in:</i></p> <p><input type="checkbox"/> 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)</p> <p>OR</p> <p><input type="checkbox"/> Curriculum</p> <p>OR</p> <p><input type="checkbox"/> Daily schedule</p> <p>OR</p> <p><input type="checkbox"/> Lesson plans or goal statements</p>	<p>opportunities, including all of the following:</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Free movement on stomach while awake and alert</p> <p><input type="checkbox"/> Under supervision</p> <p><input type="checkbox"/> Indoor and outdoor</p>	
Provider enrolls children 12 months of age and older <input type="checkbox"/> If yes, continue <input type="checkbox"/> 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.	<p>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.</p> <p><i>Acceptable types of evidence include:</i></p> <p><input type="checkbox"/> Parent/family handbook</p>	<p>Evidence references AND specifically NAMES opportunities for;</p> <p><input type="checkbox"/> Structured physical activity (name the specific structured activity or activities)</p> <p><input type="checkbox"/> Unstructured/free play</p> <p><input type="checkbox"/> Indoor play</p>	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 <input type="checkbox"/> Evidence of policy OR <input type="checkbox"/> Daily schedule or plan	<input type="checkbox"/> Outdoor play (weather permitting). 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 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: <input type="checkbox"/> Provider's screen time viewing policies. <input type="checkbox"/> How viewing policies are differentiated according to age group.	Evidence must show: <input type="checkbox"/> 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) . OR Written policy differentiating screen time by age group that	2

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				<p>references ALL of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No screen time for children birth to age 2 (if applicable). <input type="checkbox"/> For children ages 2-5 (if applicable): <ul style="list-style-type: none"> <input type="checkbox"/> 30 minutes/week MAX of screen time <input type="checkbox"/> No screen time during naps <input type="checkbox"/> No screen time during meals <input type="checkbox"/> All screen time is quality educational and/or movement-based <input type="checkbox"/> 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.	<p>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.</p> <p>There must be a clear link between CACFP guidelines and</p>	<p>PARTICIPATES IN CACFP</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit evidence of CACFP participation <p>DOES NOT PARTICIPATE in CACFP</p> <ul style="list-style-type: none"> <input type="checkbox"/> One week of menus for all meals/snacks served <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Statement of compliance with CACFP minimum meal pattern 	<p>PARTICIPATES IN CACFP</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of participation in CACFP (i.e., CACFP billing, CACFP reimbursement checks, correspondence from CACFP Sponsor or CACFP contract) <p>DOES NOT PARTICIPATE in CACFP</p>	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
		<p>the meal pattern (portion size and components for meals and snacks) on menus.</p> <p>For more information about CACFP meal patterns, visit the USDA Food and Nutrition website for family day care homes.</p>	components for all meals and snacks served.	<input type="checkbox"/> One week of menus for all meals/snacks served AND <input type="checkbox"/> 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.	<p>Submit written evidence of implementation of a program-wide formal obesity prevention program for children, families, and staff.</p> <p><i>Acceptable types of evidence include:</i></p> <p><input type="checkbox"/> Program assessment(s) OR <input type="checkbox"/> Action plan(s) OR <input type="checkbox"/> Timeline(s) OR <input type="checkbox"/> Goal statement(s)</p>	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.	<input type="checkbox"/> 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	<input type="checkbox"/> 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 <input type="checkbox"/> Yes, continue <input type="checkbox"/> 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 infants might be fussy and need their full attention.	Submit all of the following: <input type="checkbox"/> 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, sleeping, diapering to families	Evidence must include; <input type="checkbox"/> 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: <input type="checkbox"/> Feeding <input type="checkbox"/> Sleeping <input type="checkbox"/> Diapering	3

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
			AND <input type="checkbox"/> 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.	AND <input type="checkbox"/> 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.	<input type="checkbox"/> 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. <i>Acceptable types of evidence include:</i> <input type="checkbox"/> Parent/family handbook OR <input type="checkbox"/> Written policy (i.e. program letterhead/logo is clearly visible or it is clear that it is part of a manual/handbook) OR <input type="checkbox"/> Handouts OR <input type="checkbox"/> Website posting(s) OR	Evidence must reference: <input type="checkbox"/> Program's history <input type="checkbox"/> Program's philosophy <input type="checkbox"/> Admissions policies <input type="checkbox"/> Parent/family involvement opportunities.	8

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
			<input type="checkbox"/> 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.	<input type="checkbox"/> 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	<p>2 written communications (e.g., newsletters, e-newsletters, e-mails, and website postings) to families that:</p> <input type="checkbox"/> Outline the specific nature of general program events and child activities. <input type="checkbox"/> Were sent on 2 DIFFERENT dates. <input type="checkbox"/> 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 be able to use this shared knowledge to support	<p>Evidence must demonstrate that meetings occurred on at least 2 different dates within the previous 15 months.</p> <p><i>Acceptable types of evidence include:</i></p> <input type="checkbox"/> Meeting invitation OR <input type="checkbox"/> Calendar showing schedule of teachers' conferences OR <input type="checkbox"/> Conference announcement(s) OR	<p>Evidence must demonstrate:</p> <input type="checkbox"/> Documentation for a single child dated within the 15 months prior to Standards Inventory submission. <input type="checkbox"/> Meetings occurred on at least 2 DIFFERENT dates <input type="checkbox"/> Between at least one parent and provider/assistant with regard to child's development	4

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
		learning at home and in the family child care home.	<input type="checkbox"/> Parent/family handbook OR <input type="checkbox"/> 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. <i>Acceptable types of evidence include:</i> <input type="checkbox"/> Handbook with staff qualification information OR <input type="checkbox"/> Staff member profiles OR <input type="checkbox"/> Newsletter OR <input type="checkbox"/> Memo OR <input type="checkbox"/> Website	Evidence demonstrating communication to families about staff qualifications and professional experience for: <input type="checkbox"/> Provider AND <input type="checkbox"/> 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 child care financial assistance.	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. Program must provide ALL of the following:	Evidence must include ALL of the following: <input type="checkbox"/> Written statement (such as a note to families or statement in family handbook) referencing available resources and supports.	9

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
			<input type="checkbox"/> Reference to the availability of resources AND <input type="checkbox"/> 3 sample resources/supports offered (e.g., information on child development, oral health, child health insurance, tax credits, child care financial assistance, and other)	AND <input type="checkbox"/> 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 <input type="checkbox"/> Yes, continue <input type="checkbox"/> 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 <input type="checkbox"/> Completed and current (not expired) CACFP Breastfeeding Friendly Certificate DOES NOT PARTICIPATE IN CACFP <input type="checkbox"/> Completed CACFP Self-Assessment (must be specific to CACFP).	PARTICIPATES IN CACFP <input type="checkbox"/> CACFP Breastfeeding Friendly Certificate is completed and current, not expired DOES NOT PARTICIPATE IN CACFP <input type="checkbox"/> 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.)	<input type="checkbox"/> 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
			<p><i>Acceptable types of evidence include:</i></p> <p><input type="checkbox"/> Announcement, invitation, or flyer</p> <p>OR</p> <p><input type="checkbox"/> Calendar showing gathering(s) with event details</p> <p>OR</p> <p><input type="checkbox"/> Newsletter</p> <p><input type="checkbox"/></p>	<p>grandparents, siblings, uncles, etc.).</p>	
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.	<p>Evidence must show that provider offers opportunities for family members to volunteer.</p> <p><i>Acceptable types of evidence include:</i></p> <p><input type="checkbox"/> Policy Statement</p> <p>OR</p> <p><input type="checkbox"/> Memo</p> <p>OR</p> <p><input type="checkbox"/> Announcement, invitation, or flyer</p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/> Evidence must demonstrate that provider offers opportunities for family members to volunteer.</p> <p><i>Indication that families can initiate volunteer opportunities that will then be considered can also meet this standard.</i></p>	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.	<p>Provide ALL of the following:</p> <p><input type="checkbox"/> 2 completed surveys or other evaluation tool(s), dated within the 15 months prior to Standards Inventory submission</p> <p>AND</p>	<p>Evidence must include:</p> <p><input type="checkbox"/> 2 completed surveys or other evaluation tool(s), dated within the 15 months prior to Standards Inventory submission</p> <p>AND</p>	4

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
			<input type="checkbox"/> One copy of a written improvement or action plan based on the results of these surveys or evaluations.	<input type="checkbox"/> Improvement/action plan based on results from 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: <input type="checkbox"/> Program assessment tool, at least 50% completed AND <input type="checkbox"/> One improvement/action plan based on assessment results	Evidence must include ALL of the following: <input type="checkbox"/> Program assessment tool is at least 50% completed AND <input type="checkbox"/> 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: <input type="checkbox"/> One copy of a completed self-assessment. AND <input type="checkbox"/> One copy of a written improvement or action plan based on assessment results. <i>Acceptable tools include:</i> <ul style="list-style-type: none"> The National Association for the Education of Young Children (NAEYC) Pathways to Cultural Competence Checklist Self-Assessment Checklist for Personnel Providing Services and Supports In Early Intervention 	Evidence must include: <input type="checkbox"/> Completed self-assessment AND <input type="checkbox"/> Completed improvement plan based on assessment results.	5

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
			<ul style="list-style-type: none"> Early Childhood Settings from the National Center on Cultural Competence Other – must include information to indicate the tool is related to cultural awareness/anti-bias education 		
<i>Provider enrolls children whose home language is not English:</i> <input type="checkbox"/> Yes, continue <input type="checkbox"/> 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: <ul style="list-style-type: none"> <input type="checkbox"/> One copy of a list of children's home languages. AND <ul style="list-style-type: none"> <input type="checkbox"/> 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: <ul style="list-style-type: none"> <input type="checkbox"/> List contains languages other than English which are spoken by children at home. AND <ul style="list-style-type: none"> <input type="checkbox"/> 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: <ul style="list-style-type: none"> <input type="checkbox"/> Policy statement OR <ul style="list-style-type: none"> <input type="checkbox"/> Resumes showing language fluency OR	Evidence must include: <ul style="list-style-type: none"> <input type="checkbox"/> List of primary languages of children/families AND <ul style="list-style-type: none"> <input type="checkbox"/> Evidence that provider utilizes person who can translate between provider and families who speak in other language 	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
			<input type="checkbox"/> Statement from person(s) who speaks the dominant language		
FIS 9	Provider completes training to address the needs of Emergent Multilingual Learners (EML).	Providers will be more capable of supporting the needs of children and families 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).	<input type="checkbox"/> Evidence in The Aspire Registry that at least the provider has attended training that addresses the needs of Emergent Multilingual Learners (EML) within the 15 months prior to Standards Inventory submission.	<input type="checkbox"/> Evidence in The Aspire Registry that at least the provider has attended training that addresses the needs of Emergent Multilingual Learners (EML) within the 15 months prior to Standards Inventory submission.	6

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. <i>Acceptable types of evidence include:</i> <input type="checkbox"/> Policy statement OR <input type="checkbox"/> Procedures	Evidence must reference: <input type="checkbox"/> Ways provider supports families when <u>starting</u> the program <input type="checkbox"/> Separation information <input type="checkbox"/> 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	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	Evidence must reference ways in which the program supports families in transitioning <u>out of</u> their	<input type="checkbox"/> Evidence shows that program supports families as children transition <u>out of</u> their family child care	4

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
	or educational setting (e.g., other family home, kindergarten).	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 resources to aid families in making this large transition to school.	<p>family child care home and into another program.</p> <p><i>Acceptable types of evidence include:</i></p> <p><input type="checkbox"/> Policy statement</p> <p>OR</p> <p><input type="checkbox"/> Procedures</p> <p>OR</p> <p><input type="checkbox"/> Excerpt from parent/family handbook</p> <p>OR</p> <p><input type="checkbox"/> Sample of information given to families (e.g. kindergarten registration)</p> <p>OR</p> <p><input type="checkbox"/> Evidence of meetings or other supports</p>	home and into another program.	

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 themselves 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.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with training certificates	<input type="checkbox"/> 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.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> 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.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> 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.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> 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.	<input type="checkbox"/> As indicated in program's Aspire Registry employment tab	<input type="checkbox"/> 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 -OR- Child Development Associate (CDA) credential with Family Child Care specialization -OR- 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.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	23
PAQ 2	Montessori, Infant/Toddler Credential -OR- Montessori, Early Childhood Credential -OR- Montessori, International Credential	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	28
PAQ 3	NYS Infant-Toddler Credential -OR-	Staff has the appropriate education and background in ECE to provide	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	31

	NYS Family Child Care Credential	developmentally appropriate and high quality care.			
PAQ 4	No higher education degree but at least 9 college credits in ECE -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	28
PAQ 5	No higher education degree but at least 18 college credits in ECE -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> 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 -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> 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. -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> 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.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	<input type="checkbox"/> As indicated in The Aspire Registry, verified with transcript	48
PAQ 9	NYS Early Childhood Teacher (Birth – Grade 2) Certificate -OR- NYS Students with Disabilities (Birth – Grade 2) Certificate -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	5

	NYC Teacher (N-6) Certificate				
PAQ 10	Family Development Credential	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in The Aspire Registry, verified with certificate	<input type="checkbox"/> 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.	<input type="checkbox"/> As indicated in program's Aspire Registry employment tab	<input type="checkbox"/> 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.	<input type="checkbox"/> License status as indicated in The Aspire Registry	<input type="checkbox"/> 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: <input type="checkbox"/> Completed Business Administration Scale (BAS) Item Summary Form AND completed BAS Profile OR <input type="checkbox"/> NAFCC Candidacy Report OR <input type="checkbox"/> NAFCC Accreditation Assessment	Evidence must include: <input type="checkbox"/> BAS Submission Requires: <input type="checkbox"/> Completed BAS Item Summary Form AND <input type="checkbox"/> Completed BAS Profile OR <input type="checkbox"/> NAFCC Candidacy Report OR <input type="checkbox"/> 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.	<input type="checkbox"/> 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: <input type="checkbox"/> Indicates it is based on program management self-assessment results <input type="checkbox"/> Outlines at least 3 indicators in need of improvement <input type="checkbox"/> 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 providers protect their family and home with appropriate, up-to-date liability insurance.	<p>Program must submit written evidence referencing its liability insurance, which must be current and expire no less than 1 month after the Standards Inventory submission date. (Documentation must show the effective dates of the policy.)</p> <p><i>Acceptable types of evidence include:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Insurance declaration page (copy of policy with effective dates clearly showing) <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment 	<p>Evidence demonstrates program's liability insurance is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current, expires no less than 1 month after the Standards Inventory submission date <input type="checkbox"/> Documentation must show the effective dates of the policy 	2
FAS 2	Local, state and federal taxes are paid on time.	Fiscal responsibilities, including the payment of taxes, should be maintained at all times.	<ul style="list-style-type: none"> <input type="checkbox"/> Submit evidence demonstrating that state and federal income taxes were paid on time, dated within the 15 months prior to Standards Inventory submission 	<p>Evidence must demonstrate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid federal income taxes <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid state Income taxes <input type="checkbox"/> 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).	<ul style="list-style-type: none"> <input type="checkbox"/> One copy of a current program/operating budget dated within the 15 months prior to Standards Inventory submission 	<p>Evidence must show</p> <ul style="list-style-type: none"> <input type="checkbox"/> Budget clearly indicates program revenues. <input type="checkbox"/> Budget indicates program expenses. <input type="checkbox"/> Budget is dated within the 15 months prior to 	3

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
		Examples: Quick Book report, Calendar Keeper, accountant's report, etc.		Standards Inventory submission.	
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 children's learning environment.	<input type="checkbox"/> Quarterly financial reports	Evidence must include all of the following: <input type="checkbox"/> Quarterly (4) financial reports (unless provider operates only for 9 months/year, in which case 3 reports is sufficient) <input type="checkbox"/> Reports compare actual and projected income and expenses <input type="checkbox"/> Dated within the 15 months prior to Standards Inventory submission	4
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.	<input type="checkbox"/> Evidence of record keeping system	Evidence should include: <input type="checkbox"/> Logbook or spreadsheet <input type="checkbox"/> Dated income entries <input type="checkbox"/> 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.	<input type="checkbox"/> Cost of care calculation sheet or printout	Evidence should demonstrate the following: <input type="checkbox"/> Cost of care calculation that includes: <input type="checkbox"/> Income goal <input type="checkbox"/> Estimated expenses <input type="checkbox"/> Weekly child care rate depending on number of children to be served (See Resource Guide)	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
				<input type="checkbox"/> Determination of tuition rates that align with cost of care calculation	
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 accounting expertise prepare your tax forms.	Submit ALL of the following: <input type="checkbox"/> Bill/invoice from tax preparer AND <input type="checkbox"/> Tax form with preparer's signature	Evidence should indicate: <input type="checkbox"/> Tax preparer is someone other than the family child care provider <input type="checkbox"/> Tax preparer has specific knowledge of tax requirements for the small business	4
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.	<input type="checkbox"/> Enrollment or financial monitoring report(s) OR <input type="checkbox"/> Minute Menu reports	Evidence should indicate the following: <input type="checkbox"/> 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: <input type="checkbox"/> 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) AND <input type="checkbox"/> One copy of a marketing tool	Evidence must include ALL of the following: <input type="checkbox"/> 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) AND <input type="checkbox"/> 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 children, so that providers can ensure the safety and well-being of children at all times and that children can feel safe and secure.	<input type="checkbox"/> Policy statement noting use of substitutes that indicates that provider uses substitutes no more than 20% of the time	Evidence must include the following: <input type="checkbox"/> Policy statement describing when substitutes are used that indicates that provider uses substitutes no more than 20% of the time	9
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.	<input type="checkbox"/> Confidentiality policy	Evidence must show: Confidentiality policy that references how employees maintain confidentiality for ALL of the following; <input type="checkbox"/> Children <input type="checkbox"/> Families <input type="checkbox"/> Employees	6
PP 3	The provider and any paid employees have professional development plans that match the <i>Core Body of Knowledge: New York State's Core Competencies for Early Childhood Educators</i> 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,	Submit one of the following for provider and any current assistance, dated within the 15 months prior to Standards Inventory submission: <input type="checkbox"/> One copy of CBK Professional Development Planning Tool Plan OR <input type="checkbox"/> One copy of a Paula Jorde Bloom Staff Development Action Plan	Evidence must reference all of the following: <input type="checkbox"/> Completed copy of one of the following for provider and any current assistants: <input type="checkbox"/> CBK Professional Development Planning Tool Plan <input type="checkbox"/> Paula Jorde Bloom Staff Development Action Plan, <input type="checkbox"/> Other plan AND statement of how the plan <u>aligns with at least 2 CBK areas</u>	12

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
		<p>families and colleagues; for creating nurturing, stimulating environments; and for developing oneself as a professional in an incredibly important field.</p> <p>The CBK is structured to consider all areas established by NYS as being essential for early childhood educators.</p>	<p>OR</p> <p><input type="checkbox"/> One copy of:</p> <p><input type="checkbox"/> Another professional development plan</p> <p>AND</p> <p><input type="checkbox"/> Written statement referencing how plan(s) aligns with at least two of the CBK competencies</p>	<p><input type="checkbox"/> Dated within the 15 months prior to Standards Inventory submission</p> <p><u>CBK COMPETENCY AREAS:</u></p> <p>1. Child Growth and Development;</p> <p>2. Family and Community Partnerships;</p> <p>3. Observation and Assessment;</p> <p>4. Environment and Curriculum;</p> <p>5. Health, Safety, and Nutrition;</p> <p>6. Professionalism and Leadership; and</p> <p>7. Administration and Management.</p>	

Compensation and Benefits (CB) - 13 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
CB 1	<p>Provider offers for self and any paid, full-time employees:</p> <p>(3 POINTS PER BENEFIT OPTION, UP TO 9 POINTS MAXIMUM)</p> <p><input type="checkbox"/> 5 days of time off (sick and/or personal)</p> <p><input type="checkbox"/> Holidays</p> <p><input type="checkbox"/> Professional development days</p>	<p>Staff is provided with a comprehensive benefits package to support personal and professional needs.</p>	<p>Evidence of benefit options program offers for self and any paid, full-time employees.</p> <p><i>Acceptable types of evidence include:</i></p> <p><input type="checkbox"/> Employee handbook detailing benefits</p> <p>OR</p> <p><input type="checkbox"/> Compensation package</p>	<p>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)</p> <p><input type="checkbox"/> 5 days of time off (sick and/or personal) (3 points);</p> <p><input type="checkbox"/> Holidays (3 points);</p>	3-9

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
			OR <input type="checkbox"/> Employee policy	<input type="checkbox"/> Professional development days (3 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) <i>Acceptable types of evidence include:</i> <input type="checkbox"/> Health insurance card OR <input type="checkbox"/> Health insurance policy OR <input type="checkbox"/> Health care bill	Evidence must include one proof of insurance for each position: <input type="checkbox"/> For provider AND <input type="checkbox"/> 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. <i>Acceptable types of evidence include:</i> <input type="checkbox"/> Weekly schedule OR <input type="checkbox"/> Planning sheet OR <input type="checkbox"/> Staff schedule	Evidence should indicate the following: <input type="checkbox"/> At least one hour of scheduled planning time during regular hours of operation <input type="checkbox"/> Copy of resource(s) used for planning. A few pages showing the resource will suffice <input type="checkbox"/> Weekly schedule/planning sheet referencing the resources gathered during planning	13