

Abbreviated Quality Standards for

NAFCC Accredited Family Child Care Programs

Updated April 2024

National Association for Family Child Care (NAFCC) accredited programs pre-qualify for the QUALITYstarsNY Standards indicated in gray, having already demonstrated compliance with these Standards as part of their accreditation. **NAFCC accredited providers do not need to submit evidence for Standards in gray**; they will automatically earn points these Standards in the rating process.

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 3-5 Stars representing an exceptional level of quality.

Important Notes

* Evidence verified in The Aspire Registry*

Documentation for Standards pertaining to professional qualifications and experiences are collected through The Aspire Registry for New York's early childhood workforce for verification. This applies to all the Standards in the Qualifications & Experience category, as well as Standards HE1, COA6 CPI6, PH6, and FIS9. The provider and any additional staff must ensure they upload all documentation relevant to these Standards to their individual profiles in The Aspire Registry, and that the documentation is <u>verified</u> in Aspire BEFORE the program submits their Standards Inventory for rating. The information verified in Aspire, and the scores your program will receive for each of these Standards, is <u>found in your program's Qualifications & Experience Report</u>, available in your QUALITYstarsNY Profile.

Please refer to the following checklist to confirm the accuracy of scores for these Standards:

- Your program MUST review the information in your Qualifications & Experience Report available in your QUALITYstarsNY Profile (in the data system) and confirm that all information about you and your staff's trainings, experience, and education, is verified in The Aspire Registry and accurately reflected in the Qualifications & Experience Report.
- ☐ If not, DO NOT SUBMIT your Standards Inventory UNTIL the Qualifications & Experience Report is accurate.
- ☐ If you have an inquiry about your Qualification & Experience Report, please complete the <u>Qualifications & Experience Report Inquiry Form</u> for assistance, which you can access on our website, qualitystarsny.org.

Submitting a copy or excerpt of a policy or practice statement

When submitting a policy or practice statement as evidence, it MUST be clear that the written policy or practice statement is part of the program's official manual/handbook. For example, submit a copy or excerpt of the policy or practice statement that visibly shows the page number from the program's manual/handbook or submit a copy of the table of contents from the program's manual/ handbook along with a copy of the written policy/practice statement. Evidence Notes Box: when uploading evidence for each Standard in the data system, you will find an "Evidence Notes" box where you can input a note about your uploaded documentation. If submitting a large document, such as an official manual/handbook, you must enter a note in the Evidence Notes box indicating what page(s) shows the relevant information. In the large document, it must be clear what page is being referred to and the relevant text must be highlighted.

Conditional Standards

Conditional Standards are Standards that are dependent on whether the provider serves a specific population of children. The Conditional Standards for family child care programs are CPI7, PH1, PH2, C1, FIS1, FIS8, FIS9.

- o If your program is not serving the specific population indicated by a Conditional Standard at the time when you submit your Standards Inventory, then you are "Not Eligible" for the Standard. If your program is "Not Eligible" for a Standard, it does not negatively impact your score in the rating process. Programs that do not serve the population of children indicated by a Conditional Standard must select the "I do not serve this population" option when completing your Standards Inventory in the data system to indicate you are "Not Eligible" for that Standard.
- o If your program **does** serve the population of children indicated by a Conditional Standard, you must select the option for whether you are uploading evidence for the Standard, or if your program does not meet the Standard when you submit your Standards Inventory.
- o Incorrectly responding to a Conditional Standard in the QUALITYstarsNY data system could result in your program not receiving the correct points for a Standard, or a Rater marking the Standard as "Incomplete" when they review your Standards Inventory.

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	REQUIRED EVIDENCE	POINTS
HE 1	Provider attends training on the Family Child Care Environment Rating Scale (FCCERS).	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 within the last 15 months, verified with training certificate. Attention: *See Important Notes on page 2 for guidance on 	2
			evidence verified in The Aspire Registry.	
	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.	 To meet this Standard, evidence MUST include: One copy of a completed Environmental Rating Scale (ERS) Score Sheet. If applicable, include improvement plan or action plan developed by the program, with dates for goal completion, for all Average Scores below 3.25. 	
HE 2			Attention:	8
HE Z			 The ERS Score Sheet MUST show the date of observation. Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year). All pages of the completed ERS Score Sheet 	
			MUST be submitted, including scores for each subscale section, and the last page showing the "Total" and "Average Scores" table.	

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.

	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. If applicable, completed ERS report(s) is automatically sent to QUALITYstarsNY from the independent observer.	30
	HE 4	Program has an independent 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. If applicable, completed ERS report(s) is automatically sent to QUALITYstarsNY from the independent observer.	40
I	∃E 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. If applicable, completed ERS report(s) is automatically sent to QUALITYstarsNY from the independent observer.	50

Child Observation & Assessment (COA) - 20 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	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.	To meet this Standard, submit copies of completed questionnaires and/or enrollment forms for 2 different children. Questionnaires and/or enrollment forms MUST reference ALL of the following specific to the child: □ Copies of 2 completed questionnaires and/or enrollment forms for 2 different children. □ Specific questions/examples regarding physical development. □ Specific questions/examples regarding cognitive development.	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
		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.	 □ Specific questions/examples regarding social-emotional development. □ Home language(s) of child. □ Child's dietary needs and preferences. □ Child's date of enrollment. Acceptable type(s) of evidence include: □ Questionnaires and/or enrollment forms. Attention: □ Redact/remove identifying information (names, addresses, etc.). □ Label all forms as Child #1 and Child #2. □ If information is collected on multiple forms, include an example of each completed form for each child. 	
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.	To meet this Standard, submit either: If submitting a developmental screening form, include ALL of the following: One copy of a completed and dated developmental screening form for 1 child. AND Include the date the child started/entered the program on the screening form (this MUST be added to the form if no space exists). OR If submitting a written policy: Submit a detailed written policy or practice statement for screening the developmental status of each child within 45 days of entering/starting the program. Acceptable type(s) of evidence include: Developmental screening tool. OR A detailed written policy or practice statement in parent/family handbook or other official manual/handbook.	2
			Attention: ☐ Screening date occurs before enrollment date OR within 45 days of the enrollment date (MUST include full screening date on forms: month, day, year).	

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
			 Child's start date MUST be on the form (MUST include full date: month, day, year). Redact/remove identifying information (name, address, etc.). All pages of the developmental screening form MUST be uploaded; no partial copies. * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement. 	
COA 3	Provider uses a developmental screening tool that is valid and reliable.	When providers use a developmental screening tool 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. Valid: A screening tool is valid when it measures what we want to measure and not something else. 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.	To meet this Standard: If submitting copies of one of the valid and reliable developmental screening tools from the list below, submit: One copy of a completed developmental screening form from the list of the valid and reliable developmental screening tools for 1 child. OR If selecting "Other", submit ALL of the following: One copy of a completed developmental screening form(s) for 1 child. Show evidence that the tool is designed for the purpose of screening (not assessment). Show evidence that the screening tool is appropriate for use with children between birth and age five. Show evidence that the screening tool covers multiple developmental domains (e.g., physical, social and emotional, cognitive, and language). Show evidence that the screening tool is valid and reliable (information must be provided about the screening tool's reliability AND validity). Attention: MUST be a child screening tool (not child assessment tool). Redact/remove identifying information (name, address, etc.). All pages of the developmental screening form MUST be uploaded; no partial copies. List of accepted valid AND reliable developmental screening tools:	1
			 Ages and Stages Questionnaires, Third Edition (ASQ-3) Ages and Stages Questionnaires Social-Emotional Battelle Developmental Inventory Screening Test Brigance Inventories System II 	

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
			 Brigance Self-Help and Social-Emotional Scales Denver Developmental Screening Test (DDST) Developmental Indicators for the Assessment of Early Learning 3rd Edition (DIAL 3) Early Screening Inventory – Revised (ESI-R) Learning Accomplishment Profile-Diagnostic Screens Parents' Evaluation of Developmental Status (PEDS) Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS:DM) Preschool and Kindergarten Behavior Scales, Second Edition (PKBS-2) Other - additional documentation is required when submitting a tool that is not listed, see details above. 	
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. Authentic assessment tools can take many forms, including: Observation notes Checklists Developmental scales Standardized assessment forms Work sampling In order to understand the whole child, providers should gather information about each child's development within all of the following domains:	To meet this Standard: If submitting developmental assessment tools, evidence must include ALL of the following for 1 child: □ 3 completed assessment tools for 1 child. MUST be designed for the purpose of assessment (not screening). AND □ Assessments are conducted on 3 different dates within the 15 months prior to Standards Inventory submission. AND □ Each form MUST be dated at least 3 months apart. AND □ At least ONE of the developmental assessment forms MUST contain data regarding ALL of the following developmental domains: □ Physical well-being, health, and motor development. □ Social and emotional development. □ Cognition and general knowledge. □ Language, communication, and literacy. OR If submitting anecdotal records, they MUST include ALL of the following: □ Submit 3 anecdotal records for 1 child. AND □ Each anecdotal record MUST be dated at least 3 months apart.	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
		 Physical well-being, health, and motor development Social and emotional development Approaches to learning Cognition and general knowledge Language, communication, and literacy 	 AND Anecdotal records MUST note the child's developmental milestone(s) in ALL of the listed developmental domains (physical, social and emotional, cognitive, and language). Attention: Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year). Redact/remove identifying information (names, addresses, etc.). If a program uses a variety of assessment tools throughout the period, a different assessment may be submitted for each timeframe. However, the program MUST submit 3 assessments OR 3 anecdotal records for the same child. All pages of the assessment tool MUST be uploaded; no partial copies. 	
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. Valid: An assessment is valid when it measures what we want it to measure and not something else. 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.	To meet this Standard: If submitting a copy of one of the valid and reliable developmental assessment tools from the list below, submit: One copy of a completed developmental assessment tool for 1 child OR If selecting "Other", submit ALL of the following: One copy of a completed developmental assessment form for 1 child. Show evidence that the tool is designed for the purpose of assessment (not screening). Show evidence that the assessment tool is appropriate for use with children between birth and age five. Show evidence that the assessment tool covers multiple developmental domains (e.g. physical, social and emotional, cognitive, and language). Show evidence that the assessment tool is valid and reliable (e.g. reference(s) to applicable studies AND research). Attention: MUST be a child assessment tool (not child screening tool). Redact/remove identifying information (names, addresses, etc.).	1

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
			 All pages of the developmental assessment tool MUST be uploaded; no partial copies. 	
			List of accepted valid AND reliable developmental assessment tools: Creative Curriculum Developmental Continuum Assessment Bayley Scale of Infant and Toddler Development Brigance Inventories Galileo Preschool Assessment Scales High Scope Child Observation Record (COR) Learning Accomplishment Profile-Diagnostic (English or Spanish) Mullen Scales of Early Learning Ounce Scale Work Sampling System Teaching Strategies GOLD Other - additional documentation is required when submitting a	
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.	tool that is not listed, see details above. 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. Attention: *See Important Notes on page 2 for guidance on evidence verified in The Aspire Registry.	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.	To meet this Standard, evidence must include ALL of the following: ☐ A detailed written policy or practice statement describing how instruction is tailored to address assessment results, including how instruction addresses the needs of individual children. AND ☐ One copy of assessment results for 1 child. AND	6

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
		There should be a clear connection between the child's needs and the learning experience. Evidence of assessment results may include: conclusions drawn from observations, work samples, checklists, etc., such as: During an observation, I noticed 4 year old child shows interest in using scissors, but holds incorrectly and rips paper. The weekly/daily lesson plan would then indicate the individual child's learning goal and opportunity for cutting with scissors.	 Evidence of having tailored instruction to address the child's assessment results (e.g. activity or lesson plan clearly showing individualization for the specific child). Acceptable type(s) of evidence include: A detailed written policy or practice statement in parent/family handbook or other official manual/handbook. AND Assessment results. AND Activity or lesson plans. Attention: Redact/remove identifying information (names, addresses, etc.). Activity or lesson plan(s) MUST be complete; No blank templates. * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement. 	

Curriculum Planning & Implementation (CPI) – 20 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	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	To meet this Standard, evidence must contain ALL of the following: 2 weekly lesson plans (MUST be 2 full weeks) OR 2 daily lesson plans. AND Description of the learning experience. AND Developmental goals and/or learning goals. AND Materials needed for the learning experience/lesson plan(s). AND MUST show opportunities for individualized learning. Acceptable type(s) of evidence include: Lesson plans. OR	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
		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.	 Daily plans. Attention: Lesson plan or daily lesson plan(s) MUST be complete; No blank templates. 	
CPI 2	Provider uses a written curriculum or curriculum framework that is developmentally appropriate and addresses the key domains of child development.	The family child care provider's curriculum or curriculum framework is written, organized and references the five domains of child development, in order to promote optimal child development.	To meet this Standard, evidence MUST contain ALL of the following: ☐ One copy of the curriculum OR curriculum framework used by the provider. Either: ☐ Copy of pages from the curriculum referencing ALL key domains of child development (physical, social and emotional, cognitive, and language). OR ☐ One copy of a curriculum framework referencing ALL key domains of child development (physical, social, emotional, cognitive, and language). AND ☐ One source of evidence of the provider's use of curriculum or curriculum framework. Acceptable type(s) of evidence of the provider's use of the curriculum or curriculum framework include: ☐ Completed lesson plan(s). OR ☐ A detailed written policy or practice statement from an official handbook/manual, explaining how curriculum is appropriately used in lesson plans. Attention: ☐ Any submitted evidence MUST be complete and include references to the curriculum so that one can tell it is based on the curriculum. For example, if coding is used, an explicit statement on how curriculum is appropriately transferred to lesson plans is expected. ☐ Lesson plans MUST be complete; No blank templates. * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	3
CPI 3	Provider uses a written curriculum	Using a curriculum or curriculum framework this is	To meet this Standard, submit ONE of the following:	3

STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
ramework curriculum that is evidence-based, meaning research has been	evidence-based, gives the provider and families assurance that learning	 Cover page of the curriculum used by the program, including the title of the curriculum (if applicable), from the list of evidence- based curricula below. 	
curriculum and children's earning.	effectively support children's learning for each	☐ Cover page of the curriculum or curriculum framework, including	
	development.	Evidence that curriculum or curriculum framework is evidence-based ; meaning research has been conducted regarding the	
	relationship between the	relationship between the curriculum and children's learning. Reference(s) to applicable studies and research.	
		List of accepted evidence-based curricula:	
	effective through published, scientifically-based studies.	 Before ABCs: Promoting School Readiness in Infants and Toddlers. 	
		 Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice (Second Edition), Zero to Three. 	
		☐ Cradling Literacy.	
		•	
		 Other –Additional documentation is required when submitting a tool that is not listed, see details above. 	
Program uses a written	The written curriculum is	To meet this Standard, evidence MUST include the following:	
		One source of evidence of the curriculum or curriculum	
of learning outlined in State	learning needs.	of the curriculum (if applicable).	
resources; the NYS Early Learning Guidelines (2019)		 One copy of a curriculum framework used by the program, 	4
and/or The NYS PreKindergarten Learning		(physical, social, emotional, cognitive, and language).	
Standards (2019) and/or the			
Head Start Early Learning		demonstrating the <u>alignment</u> between the curriculum/curriculum	
	ramework curriculum that is vidence-based, meaning esearch has been onducted regarding the elationship between the urriculum and children's earning. Program uses a written urriculum or curriculum ramework that addresses he child development areas of learning outlined in State or Federal guidance esources; the NYS Early earning Guidelines (2019) and/or The NYS preKindergarten Learning	evidence-based, meaning esearch has been onducted regarding the elationship between the urriculum and children's earning. Program uses a written urriculum or curriculum ramework that addresses ne child development are echild development are echild development are echild development are esources; the NYS Early earning Guidelines (2019) nd/or The NYS retkindergarten Learning tandards (2019) and/or the NYS retkindergarte	widence-based, meaning search has been onducted regarding the elationship between the urriculum and children's learning of check dey domain of child development. Evidence-based means the relationship between the curriculum and 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. Evidence-based studies. Evidence-based means the relationship between the curriculum and child outcomes has been proven effective through published, scientifically-based studies. Evidence-based studies. Evidence-based means the relationship between the curriculum or curriculum framework is evidence-based; meaning research has been conducted regarding the relationship between the curriculum and children's learning. Reference(s) to applicable studies and research. List of accepted evidence-based curriculum and children's learning. Reference(s) to applicable studies and research. List of accepted evidence-based curriculum or curriculum framework in from proving free that curriculum or curriculum. Reference(s) to applicable studies and research. List of accepted evidence-based curriculum or curriculum framework information in framework in from proving framework in from proving framework in from proving framework in framework in framework in framework in framework in framework used by the program, including title of the curriculum framework used by the program, must fittle of the curriculum framework used by the program, must fittle of the curriculum in seed to fit the curriculum framework used by the program, must fittle of the curriculum framework used by the program, must fittle of the curriculum framework used by the program, must fittle of the curriculum framework used by the program, must fittle of the curriculum framework used by the program, must fittle of the curriculum framework used by the program, fittle of the curriculum framework used by the program, fitt

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
	Outcomes Framework: Ages Birth to Five		 areas of learning (domains and sub-domains) outlined in ONE of State or Federal guidance resources listed below: The NYS Early Learning Guidelines (2019). The NYS Prekindergarten Learning Standards (2019). Head Start Early Learning Outcomes Framework: Ages Birth to Five. 	
			Attention:	
			☐ If a written statement or chart is submitted as evidence of alignment, it MUST clearly note how ALL child development areas of learning in the curriculum/framework (used by the provider) align with ALL child development areas of learning outlined in the chosen State or Federal guidance resources.	
	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.	To meet this Standard, submit ONE of the following: □ 2 different detailed <u>activities</u> —MUST reference culturally sensitive books, themes and projects. OR □ 2 different detailed <u>lesson plans</u> —MUST reference culturally sensitive books, themes and projects. Attention: □ Redact/remove identifying information of child/children from submitted evidence. □ Activity or lesson plan(s) MUST be complete; No blank templates.	
CPI 5		Additional Information: 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

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
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 program have attended Curriculum Implementation training within the 15 months prior to Standards Inventory submission, verified with a training certificate. Attention: *See Important Notes on page 2 for guidance on evidence verified in The Aspire Registry. 	3
Does tl	ne provider currently serve a	nt least one child with an IFS	SP or IEP? 🗆 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.	 To meet this Standard, evidence MUST contain ALL of the following: One copy of a detailed written statement, self-written by the provider, specifying what is needed for the child's individualized learning AND early childhood education experience. Statement references 1 child currently enrolled with an IFSP/IEP. Statement references modifications made for the child and/or family by the provider. Attention: Redact/remove identifying information of child from submitted evidence. DO NOT include the actual IEP/IFSP for the child. 	3

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

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS	
Does the	Does the provider currently serve at least one child under 12 months of age? ☐ If yes, continue ☐ If no, go to PH 2				
PH 1	Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments, including tummy time when awake.	Infants need freedom of movement, including tummy time, to build strength and motor skills.	To meet this Standard, submit a written policy or practice statement that includes ALL of the following: Supervised daily exercise/movement opportunities BOTH indoors and outdoors. AND Supervised free movement on stomach while awake and alert. Acceptable type(s) of evidence include: Acceptable dailed written policy or practice statement in parent/family handbook or other official manual/handbook. Pictures are not allowed unless they are picture(s) of the required	1	

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
Does the	Program provides	Provider should support the	written documentation. Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement. as of age or older? □ If yes, continue □ If no, go to PH 3 To meet this Standard, evidence MUST include specific examples of	
PH 2	opportunities for toddlers and/or preschoolers to have 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.	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.	the experiences for ALL of the following: Structured physical activity, teacher-led (MUST include name of structured activity and description). Unstructured physical activity/free play (MUST include name of unstructured activity and description). Indoor play. Outdoor play (weather permitting). At least 15 minutes of physical activity is provided for every hour children are in care including a combination of both indoor and outdoor experiences. Acceptable type(s) of evidence include: A detailed policy or practice statement in parent/family handbook or other official manual/handbook. OR A detailed daily schedule or plan. Attention: Pictures are not allowed unless they are picture(s) of the required written documentation. * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement. Note: To meet the Standard, program provides at least 15 minutes of developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (including a combination of indoor and outdoor experiences) for every hour children 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.	1
PH 3	Provider has a policy that details screen time for children, including that screen	Children's access to television/video should be nonexistent for infants and toddlers and limited to 30	To meet this Standard, written evidence MUST reference the following:	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
	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.	minutes per week for preschoolers so as to reduce the harmful effects of screen time and commercial marketing on health, learning, behavior and sleep.	 □ Written policy that states "no screen time" is provided for any age group in the program. OR □ Written policy that references ALL of the following: No screen time for children birth to age 2 (if applicable). For children ages 2-5 (if applicable):	
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 the meal pattern (portion size and components for meals and snacks) on menus. For more information about CACFP meal patterns, visit the USDA Food and Nutrition website for family day care homes.	To meet this Standard, written evidence MUST reference the following: IF PROGRAM PARTICIPATES IN CACFP One source of evidence of participation in CACFP. Acceptable types of evidence (MUST include your CACFP contract number): Most recent CACFP billing. Most recent CACFP reimbursement check. Most recent correspondence from CACFP sponsor (related to monitoring visit). Approved CACFP contract. Note: Menus, meal counts or attendance forms will NOT be accepted as evidence. OR IF PROGRAM DOES NOT PARTICIPATE IN CACFP, evidence MUST include ALL of the following: 1 week of detailed menus for all meals and snacks served in the program. Menus MUST show compliance with all CACFP minimum meal pattern components including: food components and minimum requirements/serving size for all meals and snacks served (For	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
			information on the CACFP nutrition standards for meals and snacks served in CACFP, type National CACFP Sponsors Association Meal Pattern Guidance in the search bar).	
	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.	To meet this Standard, written evidence must reference ALL of the following: ☐ Adoption and implementation of a program-wide healthy active living program as described in an official manual/handbook. AND ☐ Detailed plan (MUST include components for children, families, and staff). Submit ONE of the acceptable types of evidence:	
PH 5			 Completed program assessment tool and a detailed action plan with timeline(s) for implementation. Action plan(s) with detailed timeline(s) for implementation. Goal statement(s) with detailed timeline(s) for implementation. If your program is already implementing a program-wide healthy active living program, submit a detailed outline of the program that explains the tools provided for children, families, and staff to adopt healthy habits. 	1
			Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	
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, verified with training certificate. Attention: *See Important Notes on page 2 for guidance on evidence verified 	1
			in The Aspire Registry.	

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) - 32 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
Does the	provider currently serve at le	ast one child under 12 month	ns of age? 🗆 If yes, continue 🗖 If no, go to C 2	
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.	To meet this Standard, the program MUST communicate with parents of infants, in writing, on a daily basis. Evidence MUST include ALL of the following: Completed forms for 1 infant that references ALL of the following care routines: Times of day for feeding. Times of day for sleeping. Times of day for diapering. AND Adetailed written policy or practice statement in parent/family handbook describing how written reports/forms are shared with families on a daily basis (specific to infants under 12 months of age). Attention: Redact/remove identifying information (names, addresses, etc.). * See Important Notes on page 2 for guidance on submitting a	3
	Program communicates with families in a comprehensive,	☐ Important program information and policies	To meet this Standard, evidence MUST include ALL of the following information:	
C 2	written format about the program's history, philosophy, admissions policies, other procedures, applicable regulations, and	should be written down, periodically updated and distributed to families.	 Program's history (include details such as opening date of program, etc.). Admissions policies. Specific opportunities for parent/family involvement. 	8
	parent involvement opportunities.		Acceptable type(s) of evidence include: A detailed written policy or practice statement in parent/family handbook.	

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
			OR ☐ Handouts. OR ☐ Website posting(s). Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	
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.	To meet this Standard, evidence MUST include ALL of the following: Copies of 2 written sources of communications. Evidence clearly indicates that information was communicated on 2 DIFFERENT dates, within the 15 months before Standards Inventory submission (MUST include full date: month, day, year). MUST reference the specific nature of general program events and child activities. Acceptable type(s) of evidence include: Newsletters. OR E-newsletters. OR E-mails. OR Text messages to families. Pictures are not allowed unless they are picture(s) of the required written documentation. Attention: Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year).	4

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
C 4	Provider meets one-on-one with parents about their individual child's development 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 learning at home and in the family child care home.	To meet this Standard, evidence MUST reference ALL of the following for 1 child: □ Evidence for 1 child that demonstrates that meetings occurred on at least 2 different dates (twice a year). AND □ 2 meetings occurred within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year). Acceptable type(s) of evidence include: □ 2 dated meeting invitations to family for the 1 child. OR □ 2 dated conference announcement(s) to family for the 1 child. OR □ 2 dated sign-in sheet(s) for the meeting with family for the 1 child. Attention: □ Redact/remove identifying information (names, addresses, etc.).	4
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.	To meet this Standard, evidence must include ALL of the following: Written communication to families about staff qualifications AND experience that reference BOTH: Educational qualifications AND experience of the provider/owner/on-site provider. AND Educational qualifications AND experience for at least 1 CURRENT assistant, if applicable. Acceptable type(s) of evidence include: Parent/family handbook excerpt (if submitting an excerpt from a handbook, the information MUST be specific to CURRENT staff members). OR Individual staff member profiles. OR	4

CO	DE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
				 Attention: □ Redact/remove identifying information (names, addresses, etc.). □ MUST identify/label documentation for each staff member, provider/owner/onsite provider and assistant. 	
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.	To meet this Standard, evidence must include ALL of the following: □ Written statement such as a note to families or statement in parent/family handbook referencing available resources and supports. AND □ Copies of 3 different resources/supports offered, MUST be different topics. Acceptable type(s) of sample resources include: □ Informational flyers, pamphlets about child development, oral health, child health insurance, tax credits, child care financial assistance, or other topics of interest. Attention: □ Resources and supports MUST be accessible to families. □ Providing web links to online resources alone will not suffice, the program MUST upload 3 copies of resources/supports offered.	9
				* See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	

Family Involvement & Support (FIS) - 32 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS		
Does the	Does the provider currently serve at least one child under 12 months of age? 🗖 If yes, continue 🗇 If 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	To meet this Standard, evidence MUST reference ONE of the following: IF PROGRAM PARTICIPATES IN CACFP Submit a current CACFP Breastfeeding Friendly Certificate from CACFP only.	2		

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
		desire to provide breast milk for their children.	☐ If certificate has expired, the provider/owner/on-site provider MUST be active on the CACFP website. https://www.health.ny.gov/prevention/nutrition/cacfp/bre astfeeding_homes/. OR	
			IF PROGRAM DOES NOT PARTICIPATE IN CACFP, submit ALL of the following:	
			A completed copy of Day Care Home Breastfeeding Friendly Self-Assessment DOH-5186 (English)/ DOH-5186es (Spanish); dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year).	
			☐ A copy of the program's breastfeeding written policy.	
	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	To meet this Standard: Submit written evidence of intentionally having offered social gatherings inclusive of extended family members in addition to parents (e.g., grandparents, siblings, uncles, aunts, etc.).	
FIS 2		children's development.	 Acceptable type(s) of evidence include: □ Announcements, invitations, newsletters, or flyers to parents AND families. OR □ Calendar showing gathering(s) with event details for 	3
			parents AND families. Pictures are not allowed unless they are picture(s) of the required written documentation.	
	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	To meet this Standard: Written evidence MUST show that the program offers opportunities for parents/family members to volunteer or that families can initiate volunteer opportunities, that will then be considered by the provider.	
FIS 3		enhance the trust and partnership between families and care givers.	 Acceptable type(s) of evidence include: □ A detailed written policy or practice statement in parent/family handbook. OR □ Memo, announcement, invitation, or flyer. OR 	3

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
			☐ Consent forms (e.g. chaperone for field trips). Pictures are not allowed unless they are picture(s) of the required written documentation.	
			Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	
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.	To meet this Standard, evidence MUST include ALL of the following: □ Copies of 2 completed surveys or other evaluation tool(s) from parents/families. AND □ Summary of survey results for the program. AND □ Improvement/action plan based on results from completed surveys or evaluations; required, no exceptions. Attention: □ Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year). □ Redact/remove identifying information (names, addresses, etc.).	4
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.	To meet this Standard, evidence MUST include BOTH of the following: Strengthening Families: Self-Assessment for Family Child Care Programs tool on family responsiveness that is at least 50% completed; required, no exceptions. AND One copy of the Action Plan for Program Improvement based on the assessment results; required, no exceptions. Attention: To access self-assessments AND improvement plans, see the Center for the Study of Social Policy website: https://cssp.org/our-work/projects/self-assessments-for-programs/ .	5

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
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.	To meet this Standard, evidence must include BOTH of the following: One copy of a completed cultural awareness/Anti-Bias Education self-assessment tool. AND One copy of a written improvement or action plan based on assessment results; required, no exceptions. Acceptable tools include: The National Association for the Education of Young Children (NAEYC) Pathways to Cultural Competence Checklist. OR Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings from the National Center on Cultural Competence. OR Other: MUST be an evidence-based tool on cultural awareness/Anti-Bias Education: If submitting "other" a summary of findings or strategic plans alone will not suffice, MUST also submit a copy of the tool used to assess cultural awareness.	5
Does the	provider currently serve at le	ast one child whose home la	nguage is not English? □ If yes, continue □ If no, go to 1	ransitions
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.	 To meet this Standard, evidence MUST include ALL of the following: List of ALL of the children's home language(s) spoken other than English. AND One copy of a detailed written policy or practice statement explaining how the program greets children and families in their home language(s) - MUST provide examples. Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement. 	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
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.	To meet this Standard, evidence MUST include ALL of the following: □ List of ALL of the children's home language(s) spoken other than English. AND □ Evidence that staff speaks language(s) of majority of children. AND □ Evidence that person(s) noted as "staff" are employed at the program. Acceptable types of evidence demonstrating that staff speaks language(s) of majority of children include: □ Attestation from person(s) who speaks the dominant language. OR □ Resume(s) of current staff showing language fluency. OR □ Evidence of bi-lingual CDA. OR □ Staff transcripts. OR □ Program Information Report (Head Start).	2
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).	 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, verified with training certificate. Attention: *See Important Notes on page 2 for guidance on evidence verified in The Aspire Registry. 	6

Transitions (T) - 8 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	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.	To meet this Standard, evidence MUST include a detailed written policy or practice statement referencing ALL of the following: □ Explain to families the ways the program supports families when starting at the program. AND □ Explain and provide examples of separation/separation anxiety. AND □ Explain and provide examples of Attachment Theory. Acceptable type(s) of evidence include: □ A detailed written policy or practice statement in parent/family handbook. Attention: □ In addition to the required written policy or practice statement, the program may also submit printed articles on separation and attachment; printed articles alone are not accepted. * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	4
Т2	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 resources to aid families in making this large transition to school.	To meet this Standard, evidence MUST explain and include examples of the ways the program supports families when children are: Transitioning out of their family child care program and into another program or educational setting (e.g., another child care program or kindergarten). Acceptable type(s) of evidence include: Detailed written policy or practice statement in parent/family handbook. OR Detailed written procedures in parent/family handbook. OR Detailed sample transition plan(s). Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	4

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: Documentation pertaining to professional qualifications and experiences are collected through The Aspire Registry for New York's early childhood education workforce for verification. Provider and any assistants must manage their Individual Profiles in Aspire to submit documentation pertaining to education, professional qualification and experience for verification in Aspire. Points are earned for the <u>highest</u> degree completed AND for <u>each</u> of several credentials AND for experience. The provider earns points in the Provider Management Qualifications and Experience sections. 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.

Providers must review their Qualifications & Experience Report, available in their QUALITYstarsNY Profile, and confirm that it accurately reflects all qualifications, education, and trainings for themselves and their assistants (if applicable) <u>BEFORE submitting their Standards Inventory</u>.

Provider Management Qualifications - 12 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
PMQ 1 - 4	PMQ 1: 15 clock-hours in ECE-related management and/or administration (or for Group FCC in supervision) OR PMQ 2: 3 to 5 credits (4.5-7.5 CEUs) in ECE-related leadership, management and/or administration (or for Group FCC in supervision) OR PMQ 3: 6 to 8 credits (9-12 CEUs) in ECE-related leadership, management 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.	 PMQ 1-4 award points only ONCE, to the provider only, for the highest applicable training hours or college credits. The following is indicated and verified with training certificates or an official transcript in The Aspire Registry: 15 clock-hours in ECE-related management and/or administration (or for Group FCC in supervision). (2 points) OR 3 to 5 credits (4.5-7.5 CEUs) in ECE-related leadership, management and/or administration (or for Group FCC in supervision). (6 points) OR 6 to 8 credits (9-12 CEUs) in ECE-related leadership, management and/or administration (or for Group FCC in supervision) (9 points) OR 9 or more credits (13.5 CEUs) in ECE-related leadership, management and/or administration (or for Group FCC in supervision) (12 points) Attention: 	2-12

PMQ 4: 9 or more credits		Training hours must be specific to Core Body of Knowledge	
(13.5 CEUs) in ECE-relate	d	Area 7 as indicated in the Core Competency Areas for the	
leadership, managemen		training(s) in The Aspire Registry.	
and/or administration (o	for	College credits must be categorized as approved credits	
Group FCC in supervision		for Leadership, Administration, and Management in the	
		provider's higher education record in The Aspire Registry.	

Provider Administrative Experience - 2 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
	At least 3 years of	Provider has the appropriate	PAE 1 awards points to the provider only.	
PAE 1	experience in an administrative position in an early care and education program	experience in supervising a care program to manage a developmentally appropriate and high-quality program.	As indicated in The Aspire Registry employment tab: At least 3 years of experience teaching in an ECE program documented in The Aspire Registry.	2

Provider & Assistant Qualifications - 58 points

CODE STANDARD INTENTION REQUIRED EVIDENCE POINTS

PAQ 1-8 awards the points **ONCE** for the highest degree or credential (up to 48 points). Calculations for programs with both a provider and assistant(s) will be scored based on the average points earned by each staff member, which will be weighted based on if staff are full or part time.

or part time.				
PAQ 1 -OR-	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 -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high-quality care.	 ONE of the following credentials is indicated in The Aspire Registry and verified with certificate: 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. 	23

28

PAQ 2 -OR-	Montessori, Infant/Toddler Credential OR Montessori, Early Childhood Credential OR Montessori, International Credential -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high-quality care.	ONE of the following credentials is indicated in The Aspire Registry and verified with certificate: ☐ Montessori, Infant/Toddler Credential. OR ☐ Montessori, Early Childhood Credential. OR ☐ Montessori, International Credential.	28
PAQ 3 -OR-	NYS Infant-Toddler Credential OR NYS Family Child Care Credential -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high-quality care.	ONE of the following credentials is indicated in The Aspire Registry and verified with certificate: NYS Infant-Toddler Credential. OR NYS Family Child Care Credential.	31
PAQ 4 -OR-	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.	The following is indicated and verified with an official transcript in The Aspire Registry: At least 9 college credits in ECE (No higher education degree completed).	28
PAQ 5 -OR-	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.	The following is indicated and verified with an official transcript in The Aspire Registry: At least 18 college credits in ECE (no higher education degree completed).	35
PAQ 6 -OR-	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	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high-quality care.	ONE of following is indicated and verified with an official transcript in The Aspire Registry: ☐ Associate's degree in ECE. OR ☐ Associate's degree in a related field and 9 ECE credits. OR ☐ Any Associate's degree and at least 24 credits in ECE.	38
PAQ 7 -OR-	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.	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high-quality care.	ONE following is indicated and verified with an official transcript in The Aspire Registry: ☐ Bachelor's degree in ECE. OR ☐ Bachelor's degree in a related field and 9 ECE credits. OR	45

	-OR-		☐ Any Bachelor's degree and at least 24 credits in ECE.	
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.	ONE following is indicated and verified with an official transcript in The Aspire Registry: ☐ Master's degree in ECE. OR ☐ Master's degree in a related field and 9 ECE credits. OR ☐ Any Master's degree and at least 24 credits in ECE.	48
PAQ 9	NYS Early Childhood Teacher (Birth – Grade 2) Certificate OR NYS Students with Disabilities (Birth – Grade 2) Certificate OR NYC Teacher (N-6) Certificate	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high-quality care.	ONE of the following credentials is indicated in The Aspire Registry staff profile and verified with certificate: ☐ NYS Early Childhood Teacher (Birth − Grade 2) Certificate. OR ☐ NYS Students with Disabilities (Birth − Grade 2) Certificate. OR ☐ NYC Teacher (N-6) Certificate.	5
PAQ 10	Family Development Credential	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high-quality care.	The following is indicated and verified with credential in The Aspire Registry: □ Family Development Credential.	5

Provider & Assistant Experience - 6 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
E1	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 the Aspire Registry employment tab. At least 3 years of experience in any teaching position in an early care and education program documented in The Aspire Registry.	6

Retention - 12 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
R 1	Provider has been a registered or licensed (group) family day	The program has maintained a healthy care	Calculated automatically based on employment information in The Aspire Registry.	12

care operator continuously for 5 or more years.	environment over a long period of time.	Provider has been a registered or licensed (group) family day care operator continuously for 5 or more years, at the same	
,		physical address, documented in The Aspire Registry.	

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.

Administrative Self-Assessment (ASA) - 10 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	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.	To meet this Standard, evidence must include ONE of the following: BAS submission requires: Completed BAS Item Summary Form. AND Completed BAS Profile. OR NAFCC self-study submission requires: Completed NAFCC self-study. OR Proof of enrollment in NAFCC self-study.	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.	 To meet this Standard, evidence MUST include/reference ALL of the following: A detailed written plan based on results of the program management self-assessment tool submitted in ASA 1. AND Reference at least 3 indicators in need of improvement. AND Reference concrete steps taken to achieve improvement for at least 3 indicators. Attention: Program MUST submit a program management tool for ASA 1 in order to submit evidence for ASA 2. 	5

Financial Accountability & Sustainability (FAS) - 27 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
pre	ability insurance emium is current to ate.	Even in the best homes, accidents happen. Therefore, it is imperative that family child care providers protect their	To meet this Standard, evidence must reference ALL of the following: □ Liability insurance for the program (MUST be current). AND □ Liability insurance end date MUST not expire more than one month past the Standards Inventory submission date.	
FAS 1		family and home with appropriate, up-to-date liability insurance.	 Acceptable type(s) of evidence include: □ Insurance declaration page (MUST show the dates the policy is in effect). OR □ Proof of payment for an upcoming payment or renewal (liability 	2
			insurance MUST show the dates the policy is in effect). Attention: Effective dates of the liability insurance policy MUST be clearly visible.	
	ocal, state and federal xes are paid on time.	Fiscal responsibilities, including the payment of taxes, should be maintained at all times.	To meet this Standard, evidence MUST include ALL of the following: State AND Federal income taxes are paid: State: NYS IT-201 or 45 (If a balance is due, MUST also submit proof of payment). AND Federal: IRS 1040 or 941 (If a balance is due, MUST also submit proof of payment). Acceptable type(s) of evidence include: Proof of State AND Federal income taxes paid on time: Voided check, bank statement, debit, online payment receipt or report showing proof of payment of State AND Federal taxes. OR Applicable IRS Forms. Attention: Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year). Redact/remove identifying information. A written statement OR letter from a financial institution stating that State and federal taxes are paid or applicable IRS Forms are filed on time is not	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
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). Examples: Quick Book report, Calendar Keeper, accountant's report, etc.	 To meet this Standard, evidence MUST include ALL of the following: Current year annual program operating budget (total amount and/or projected amount). MUST clearly indicate program revenues. MUST clearly indicate program expenses. Budget MUST show the current program year (MUST include month AND year). Acceptable type(s) of evidence include: Copy of annual budget from program or payroll management company, or other. 	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 children's learning environment.	 To meet this Standard, the provider MUST submit: Copies of quarterly financial reports; MUST compare actual and projected income and expenses. If program operates more than 9 months per year: submit 4 quarterly financial reports; Otherwise, submit 3 quarterly financial reports. Attention: Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year). A written statement OR letter from a financial institution summarizing their financial review is not sufficient; detailed financial reports MUST be submitted. 	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.	 To meet this Standard, the provider MUST submit: A logbook or spreadsheet showing BOTH: Dated income entries (MUST include full date: month, day, year). Dated expense entries (MUST include full date: month, day, year). Attention: Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission (MUST include full date: month, day, year). 	4
FAS 6	Provider calculates cost of care, has goals for her own compensation,	Having an accurate understanding of the cost of care, including	To meet this Standard, the provider MUST submit: Cost of care calculation that includes ALL of the following: Income goal.	2

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
	and uses both to set tuition rates.	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	 Estimated expenses. Weekly child care rate depending on number of children to be served. Determination of tuition rates that align with the cost of care calculation. Acceptable type(s) of evidence include: Cost of care calculation sheet or printout 	
		future and stay in	Attention:	
		business.	 □ A copy of the program's budget is not sufficient; evidence MUST include cost of care calculations. 	
			You can find information on cost of care calculations as an additional resource in the Family Child Care Interactive Standards for FAS 6 on the QUALITYstarsNY website:	
			https://earlychildhoodny.org/qualitystarsny/standardsguide/std.php?std=93 0 and access the "How to Set your Rates" resources under "Further Reading".	
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.	 To meet this Standard, evidence MUST include ALL of the following: A bill/invoice from a tax preparer; MUST be someone other than the family child care provider. AND IRS Tax form(s) with the tax preparer's signature. Attention: The uploaded tax forms MUST contain the tax preparer's signature or other electronic identification. 	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.	To meet this Standard, the provider MUST submit: One copy of a report from a technology tool, such as Minute Menu, KidKare, CAPS Online, Quickbooks, 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.	To meet this Standard, evidence MUST include BOTH of the following: □ Detailed written procedure discussing the marketing and filling of open child care seats/slots. AND □ One example of a tool used for marketing open child care seats/slots. Acceptable type(s) of evidence include:	4

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
			☐ A detailed written policy, practice statement or procedures in an	
			employee handbook or other official manual/handbook.	
			Attention:	
			* See Important Notes on page 2 for guidance on submitting a copy or	
			excerpt from a written policy or practice statement.	

Policies and Procedures (PP) - 27 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	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.	 To meet this Standard, the program MUST submit: □ A detailed written policy or practice statement describing when substitutes are used indicating that substitutes are used no more than 20% of the time (e.g. no more than one day per week). Acceptable type(s) of evidence include: □ A detailed policy or practice statement in parent/family handbook or other official manual/handbook. Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement. 	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.	To meet this Standard, evidence MUST include a detailed written policy or practice statement referencing ALL of the following: Explain how the Provider maintains confidentiality regarding children and family information. AND Explain how confidentiality of information is communicated to families (e.g. parent/family handbook). AND Explain how confidentiality of information is communicated to employees (e.g. employee handbook signed attestation from employee handbook). Acceptable type(s) of evidence include: A detailed policy or practice statement in parent/family handbook or other official manual/handbook. Attention: * See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	6

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
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. The CBK is structured to consider all areas established by NYS as being essential for early childhood educators.	To meet this Standard, evidence MUST include a completed copy of ONE of the following for provider and any current assistant(s): Core Body of Knowledge (CBK) Professional Development Planning Tool Plan including all pages of the Assessment and Professional Development Planning tool, pages 89-101. OR Paula Jorde Bloom Staff Development Action Plan . OR One copy of another professional development planning tool that includes ALL of the following: Assessment, goals, and an action plan. MUST align to at least (2) of the (7) core competency areas in the Core Body of Knowledge INCLUDING the individual core competencies (e.g., Child Growth and Development: 1.1, 1.2, etc.). Attention: Uploaded evidence MUST be dated within the 15 months prior to Standards Inventory submission. Name of the teaching staff MUST be included on the tool (this MUST be added to the tool if no space exists). Date tool completed MUST be included on the tool (this MUST be added to the tool if no space exists).	12

Compensation and Benefits (CB) - 13 points

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
CB 1	Provider offers for self and any paid, full-time employees: (3 POINTS PER BENEFIT OPTION, UP TO 9 POINTS MAXIMUM)	Staff is provided with a comprehensive benefits package to support personal and professional needs.	To meet this Standard, evidence MUST state that the provider offers one or more of the following benefits for themselves and any full-time staff (program earns 3 points for each benefit offered for a potential total of 9 points): 5 days of time off (sick and/or personal) (3 points). Paid holidays (3 points). Day(s) to complete professional development (3 points).	3-9

CODE	STANDARD	INTENTION	REQUIRED EVIDENCE	POINTS
	□ 5 days of time off (sick and/or personal).		Acceptable type(s) of evidence include: A detailed written policy or practice statement in employee handbook or other official manual/handbook.	
	☐ Holidays.☐ Professional development days.		 OR □ A detailed compensation package in employee handbook or other official manual/handbook. OR □ A detailed employee policy in employee handbook or other official manual/handbook. Attention: 	
			* See Important Notes on page 2 for guidance on submitting a copy or excerpt from a written policy or practice statement.	
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 MUST include proof of health insurance for: The provider. AND Any paid, full-time assistant(s), if applicable. Acceptable type(s) of evidence include: Copy of health insurance cards.	4
			Attention: ☐ Redact/remove identifying information.	

Program Planning (PPL) - 13 points

CODE	STANDARD	INTENTION	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 should indicate ALL of the following: Weekly schedule/planning sheet that shows at least one hour of scheduled planning time during regular hours of operation. AND At least 3 sources of resource(s) gathered during planning time. Acceptable types of evidence for resources gathered include at least 3 of the following sources: Resources from curriculum-based planning tools. Internet searches of ideas for activity or lesson plans. Materials needed for activity or lesson plans. Recipes and menus. 	13

Checklist Before Submitting your Standards Inventory

Please use this checklist to ensure you have completed all the steps necessary to submit your Standards Inventory in the QUALITYstarsNY data system. When all the checklist items are checked off, you will be ready to submit.

I have gone over any questions I had regarding the QUALITYstarsNY Standards with my Quality Improvement Specialist.
I fully understand the Standards and the Standards Inventory submission process.
I have reviewed my Qualifications & Experience (Q&E) Report and confirmed that all information about my program staff's trainings, experience, and education, verified in The Aspire Registry is accurately reflected in the Report. If not, DO NOT SUBMIT UNTIL the Q&E Report is accurate. If you have an inquiry about your Q&E Report, complete the Qualifications & Experience Report Inquiry Form for assistance.
I have redacted any personal children/family/employee information in my uploaded evidence as indicated in the Required Evidence for applicable Standards.
I am submitting only necessary pages as documentation or have highlighted sections referencing page numbers where evidence is listed.
The evidence I am submitting is clear and legible.
The evidence I am submitting is for current practices/policies and no documentation is in draft form.
The evidence I am submitting includes visible dates that fall within the Standards' specified time period.