

Quality Standards for NAFCC Accreditation

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The National Association for Family Child Care
Foundation

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

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

Sponsored by

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

There are 289 standards divided into 5 content areas.

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

Relationships

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

The Provider With Children

- 1.1 *The provider cares about, respects, and is committed to helping each child develop to his or her full potential.
- 1.2 The provider shows affection to each child in some way. She holds or carries babies frequently, depending on their individual preferences as shown by expressions of discomfort, such as crying or fussing, as well as their expression of well-being, such as smiling and cooing as well as their body language or settling in or pulling away.
- 1.3 The provider is sincere and comfortable with children.
- 1.4 *The provider seems to like children and to enjoy being with them.
- 1.5 *The provider observes children's behavior, verbal and body language, and abilities. The provider uses this information to respond to each child. For example, the provider responds to a baby's crying as promptly and effectively as possible.
- 1.6 The provider seeks information about each family's cultural traditions and uses this information in responding to the children and planning activities.
- 1.7 The provider shows positive attitudes toward bottle weaning, diapering, toilet learning, discipline, and special needs of children.
- 1.8 The provider recognizes signs of stress in children's behavior and responds with appropriate stress-reducing activities.

The Provider With Parents and Families

Trust and Respect

- 1.9 *The provider encourages parents to visit any time their children are present. She is available to parents by telephone when children are present, or regularly checks for phone messages.
- 1.10 Parents can count on child care as described in their contract.

- 1.11 The provider respects diverse family styles and recognizes the strengths of each family.
- 1.12 The provider individualizes the child care program, within reason, to respond to a parent's specific requests, preferences, and values.
- 1.13 Provider and parents work together on issues such as guidance/discipline, eating, toileting, etc.; always keeping in mind the best interest of the child.

Communication and Involvement

- 1.14 The provider keeps parents informed, by conversation or in writing about what their children do. This happens daily for babies and at least weekly for older children.
- 1.15 The provider tries to maintain open and easy communication with each family.
- 1.16 In addition to ongoing conversations, the provider has a conference with each child's parent(s) at least once per year. Together they review the child's progress and needs and set goals for the child.
- 1.17 If parents do not speak the language of the provider, the provider finds an effective way to communicate with them.
- 1.18 The provider discusses concerns with parents when they arise and tries to reach a mutually satisfying solution.
- 1.19 The provider offers a variety of ways for parents to participate in the program's activities. Consideration is given to the parents' interests and time availability. Although participation is encouraged, it is never required.

The Children with Each Other

- 1.20 The provider supports children in developing friendships with each other. The provider helps each child find positive ways to interact with others.
- 1.21 The provider helps children understand their own feelings and those of others.
- 1.22 The provider encourages children to help and support each other.
- 1.23 Children seem to enjoy each other's company. Animated conversation and laughter are heard much of the time.

Also see 3.36-3.46

Other Relationships

The Provider's Family

- 1.24 The arrangement of space and use of materials are balanced to meet the needs of both the child care program and the provider's family.
- 1.25 When the provider's own child is a part of the program, appropriate steps are taken to increase the possibility of making this a good experience for all.
- 1.26 The provider's family members are courteous and respectful when they interact with the children in care and their families.

All the Families Together

- 1.27 The provider and/or parents plan occasional activities where the child care families can get together.

The Provider and the Community

- 1.28 The provider has the social support of friends, family, other providers, and/or community organizations.

The Environment

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

The Home

- 2.1 The areas of the home used by children are welcoming and friendly, appearing like a family home, a small preschool, or a combination of the two.
- 2.2 The environment is arranged so that the provider seldom has to say "no" to children. Children can use what they can reach most of the time.
- 2.3 The home has adequate ventilation and room temperature between 68-90°(F). If the temperature is over 90°(F), air conditioning or safe fans are used. Lighting is bright in areas where children read, make art, or play with manipulatives.
- 2.4 The home does not smell of urine, feces, garbage, pets, tobacco smoke, air deodorizers, mildew, or other fumes.
- 2.5 The environment is pleasant, not over stimulating or distracting. The provider chooses music and other recordings that the children enjoy. At least half the time there is no background music, TV, radio, or other recordings.
- 2.6 The child care space is well organized.
- 2.7 Indoors, there is enough space for children to move freely, approximately 35 square feet of usable space per child.
- 2.8 Outdoors, the play area has open space for active movement, some play equipment and materials, and places for open-ended explorations.
- 2.9 The provider makes reasonable adaptations to the environment and activities to meet the special needs of each child. If the child has been diagnosed with a specific condition, the provider follows the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP).
- 2.10 The environment includes a comfortable and cozy place for children, as well as a place for quiet time alone.
- 2.11 Each child has a space for personal belongings.
- 2.12 Space is available for babies to explore freely, to crawl, and to stand. Sturdy, low furniture is available for those who are learning to walk.

- 2.13 Older children have a place to use materials without interference from younger children. For example:
- Preschoolers can play with small manipulatives out of reach of toddlers.
 - School-agers have a quiet place to do homework.
- 2.14 The children are learning to take care of the equipment, materials, and the environment.

Equipment

- 2.15 All equipment, outdoors and indoors, is safe for the ability of the children who use it.
- 2.16 Equipment is modified to accommodate children's special needs, or special equipment is provided. If a child is in a wheelchair, there is sufficient space for it to move around.
- 2.17 If high chairs or boosters are used, they have a wide base or are securely attached to a table or another chair. They have a T-shaped restraint/harness that is fastened every time they are used.
- 2.18 *Heavy furniture, climbing equipment, swings, and slides are stable or securely anchored.
- 2.19 Cushioning materials are placed under all climbers, swings, and slides over 36 inches high, both indoors and outdoors.
- 2.20 *There are no movable baby walkers (stationary saucers are permitted).
- 2.21 Children always wear a helmet while riding bicycles, skateboards, scooters, and in-line or roller skates.

Materials

- 2.22 There are enough toys and materials, home-made or purchased, to engage all the children in developmentally appropriate ways.

Suggested Materials and Equipment for Large and Small-Motor Development

2.23 FOR BABIES

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

2.24 FOR TODDLERS

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

2.25 FOR PRESCHOOLERS

toddlers' equipment plus:

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

2.26 FOR SCHOOL-AGERS

preschoolers' equipment plus:

- other sports equipment and games
- games that require participation

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

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

2.29 Materials are rotated, put away for a while and then brought out again, to maintain children's interest.

2.30 *If there is a toy chest, it has safety hinges and air holes, or there is no lid.

2.31 Materials reflect the lives of the children enrolled and people diverse in race and ethnicity. They show girls and boys, women and men, and older people in a variety of positive activities. Examples include books, dolls, puzzles, and pictures. They do not include stereotyped pictures such as Indians with tomahawks.

2.32 The books are in readable condition.

2.33 Art materials are non-toxic.

Suggested Materials for Language and Literacy Development

- 2.34 BOOKS FOR CHILDREN UNDER AGE TWO
- at least 10 books
 - made of durable materials
 - simple pictures of people and familiar objects
 - short stories about every-day activities
- 2.35 BOOKS FOR CHILDREN OVER AGE TWO
- at least 10 books
 - nursery rhymes
 - a variety of stories about pretend and real situations
 - information books
- 2.36 BOOKS FOR SCHOOL-AGERS
- at least 10 books
 - chapter books
 - adventure stories
 - mysteries
 - information books
 - magazines/comics
 - a variety of reading levels and topics
- 2.37 OTHER LANGUAGE MATERIALS
- telephones
 - puppets
 - interactive games
 - written or audio materials in the child's home language
- (supplied by the provider or family)

Suggested Art Materials

- 2.38 FOR CHILDREN 2 AND UNDER, the provider sets out inviting art materials at least once per day
- crayons, markers or pencils
 - paint brushes
 - large pieces of paper
 - non-toxic paint
 - play dough

2.39 FOR CHILDREN AGE 3 AND OVER, basic art materials are accessible during free play times

- tools for drawing and painting
- scissors (child-safe but sharp enough to cut, including left-handed scissors if any children are left-handed)
- papers of various sizes and colors
- glue or paste
- play dough and/or clay
- miscellaneous materials such as scraps of construction paper, fabric, yarn, or wood
- household recycles
- second-hand materials

2.40 Suggested Math Materials

assorted materials for:

- matching
- sorting
- arranging things in sequence
- counting things
- measuring
- recognizing and creating patterns
- comparing differences and similarities

2.41 Suggested Science Materials

- a magnet
- a magnifying glass
- an outdoor thermometer
- a balance scale
- sand or similar substance
- blocks, toy cars, and ramps
- water

2.42 Suggested Dramatic Play Materials

- materials for children to create their own costumes and props
- dress-up clothing
- props for particular themes
- blocks
- stuffed animals and dolls
- miniature animals and people

2.43 Suggested Real Tools

- a hammer and nails
- a shovel
- a rolling pin
- cookie cutters
- plastic knives
- a broom and dustpan
- measuring cups and spoons

Developmental Learning Activities

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

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

Child-Directed Activities

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

The Provider's Activities

- 3.3 The provider supports and extends children's self-directed play as well as offering activities and materials that build on their interests and skills.
- 3.4 The provider gathers information about children's interests and needs through observation and conversations with parents. She uses this information to set goals that support the children's development.
- 3.5 The provider understands how children grow and learn. The provider uses this knowledge to design the environment and plan activities that are developmentally appropriate and culturally appropriate for each child.
- 3.6 The provider plans some activities building on the needs and interests of the children. She is flexible in adapting the plans.
- 3.7 Most of the children's activities promote many kinds of development simultaneously – the curriculum is integrated and holistic rather than focused on one area of development at a time. For example, a play dough activity includes art, math, science, self, social, and language development. Children age 4 or older can pursue special interests or hobbies, working on projects that may evolve over days or weeks.

- 3.8 The provider offers opportunities to practice and explore new skills in a range of developmental areas.
- 3.9 The provider gives children the help they need to succeed in a range of activities and to feel comfortable trying new activities.
- 3.10 The provider extends children's learning by describing what they are doing and asking them open-ended questions.
- 3.11 The provider helps children engage in activities by breaking complex tasks into simple ones – or increasing the difficulty of activities by combining familiar materials in new ways and contexts.
- 3.12 The provider finds opportunities to help children learn specific skills and concepts when they show interest in learning them.
- 3.13 The provider takes advantage of and builds upon the many natural learning experiences and "teachable moments" associated with daily life in a home.
- 3.14 The provider supports children's play, without dominating it, by simply observing, offering materials, joining in, or making gentle suggestions as needed. She plays interactive games, especially with babies and toddlers. (Interactive games include imitating babies' sounds, peek-a-boo, call and response rhymes, Simon Says, and card or board games).
- 3.15 Except for necessary routines and transitions, the provider does not force children into activities they do not enjoy. Most of the time, for example, toddlers can move in and out of an activity, stand and watch, or choose not to participate at all.
- 3.16 The provider is physically active enough to keep up with the children. The provider or an assistant is able to lift babies and toddlers.

Schedules and Routines

- 3.17 The provider usually maintains a consistent sequence of daily events, while the flow of activities is adapted to the individual and developmental needs of each child and the changing group.
- 3.18 Activities and transitions are generally smooth and unhurried; children can usually finish activities at their own pace. They seem to know what is expected of them.
- 3.19 *The provider greets children and parents warmly every day. Upon arrival, she helps children get involved in an activity or social interaction.
- 3.20 The provider helps children and parents, especially when newly enrolled, to cope with separation at drop-off and pick-up times.

- 3.21 The provider takes children outdoors every day, weather permitting (not below 20° or above 95° F and not stormy), unless the neighborhood is not safe. Active play is offered in another way if they do not go outside.
- 3.22 Rest time is relaxing and comfortable for children. Non-sleepers can have books and quiet toys to play with during rest time.
- 3.23 Babies and toddlers can nap when they are sleepy. If needed, the provider helps them fall asleep through rocking, patting, and/or soft music.
- 3.24 The provider talks to babies and toddlers about what is happening during transitions and routines.
- 3.25 If children wear diapers, the provider checks diapers at least once every 2 hours and changes them if wet or soiled, except during naps.
- 3.26 If a child is learning to use the toilet, parents and the provider agree on toilet learning approach based on each child's developmental readiness, not on age. The process is free from punishment or power struggles.
- 3.27 The provider encourages children to clean up after themselves as they are able and models a positive attitude about cleaning up.
- 3.28 School-agers have space and time to relax after the school day.

Positive Discipline

- 3.29 *Positive guidance, appropriate for the developmental abilities of each child, is used to help children gain self-control and take responsibility for their own behavior.
- 3.30 The provider clearly explains to children in a positive way what is expected of them.
- 3.31 The provider minimizes toddlers' frustrations through redirection.
- 3.32 The provider frequently lets children experience the consequences of their own misbehavior, if this is safe, rather than punishing them.
- 3.33 The provider avoids power struggles with children. Children age 3 and over have opportunities to assert their power by taking responsibility as leaders and helpers.
- 3.34 If "time outs" are used, they are used only as a last resort with children age 3 and older. They are used as a cooling-off time rather than a punishment. They are no more than one minute in length for each year of the child's age, or the child determines when she/he is ready to return to the group.

- 3.35 *No form of physical punishment or humiliation is ever used. The provider does not criticize, shame, tease hurtfully, threaten or yell at children and is not physically rough with the children.

Social and Self-Development

Empathy

- 3.36 The provider helps children to gain awareness of other people's feelings and to understand how their own actions affect others.
- 3.37 The provider helps children resolve conflicts and disagreements with each other by talking through their feelings and finding their own solutions.
- 3.38 The provider helps children learn to respect each other's possessions and activities.

Belonging to a Group

- 3.39 Some activities involve all the children working together for a common purpose. The provider encourages children to work on projects and play games together.
- 3.40 Children are learning about sharing, taking turns, and working together.
- 3.41 Sometimes children help with preparing food, setting table, or cleaning up after meals.
- 3.42 If there are children age 3 and older, the provider helps children get to know people in the neighborhood and community.

Respecting Differences

- 3.43 The provider helps children understand and respect people who are different from themselves. The provider responds factually to children's curiosity about similarities and differences among people.
- 3.44 The provider assures that children and their families are not stereotyped or left out of any activity because of their race, gender, ethnicity, ability, or any other personal characteristic. Girls and boys have equal opportunities to take part in all activities and use all materials.
- 3.45 The provider helps children notice incidents of bias and learn effective ways to stand up for each other and themselves in the face of teasing, bullying, or other forms of discrimination.
- 3.46 The provider introduces cultural activities based on the authentic experiences of individuals rather than a "tourist curriculum" of exotic holidays and stereotyped decorations.

Self-Esteem and Self-Awareness

- 3.47 The provider supports children in their growing self-awareness and self-acceptance.

- 3.48 The provider acknowledges specific aspects of each child's accomplishments and efforts.
- 3.49 The provider accepts children's emotional needs, including their see-sawing demands for both dependence and independence.
- 3.50 The provider does not criticize or tease children when they make mistakes.
- 3.51 The provider helps children take responsibility for themselves and their belongings, building self-help skills when they are ready.

Physical Development

- 3.52 *Children have daily opportunities for large-motor activities, such as crawling, walking, climbing, running, jumping, dancing, balancing, throwing, and catching.
- 3.53 *Children have daily opportunities for small-motor activities, such as grasping, scribbling, cutting with scissors, buttoning, tying shoes, using art materials, or playing with manipulatives.
- 3.54 Children, especially babies and toddlers, have rich experiences using their senses- seeing, hearing, tasting, smelling, and touching.

Cognition and Language

Cognitive Development

- 3.55 The provider helps children gain information and understanding through exploration, books, and other people.
- 3.56 The provider encourages children to develop and represent their understanding through a variety of activities.
- 3.57 The provider introduces time concepts through consistent routines, and helps children 2 and over recall past experiences and plan future events.
- 3.58 The provider encourages children to think for themselves, to solve problems on their own and with others, and to have confidence in their ability to find solutions.

Language and Communication

- 3.59 The provider encourages children to express their thoughts and feelings and listens with interest and respect.
- 3.60 *The provider takes time every day for meaningful conversation with each child. The provider takes an interest in and responds positively to babies' vocalizations and imitates their sounds.
- 3.61 The provider encourages children to listen to and respond to each other.

- 3.62 The provider adjusts communication to match the understanding of each child.
- 3.63 When the child's home language is different from the provider's, the provider shows respect for both languages by learning and using key words or songs in the child's home language.

Literacy

- 3.64 *The provider reads to children for at least 15 minutes during each half day, or all the children are able to read. Books are used to stimulate conversation that expands upon children's interests and imagination, to build vocabulary, or to introduce new ideas and information.
- If the children have short attention spans, reading can occur in brief moments including during snacks or meals.
 - Children who can read independently spend at least ½ hour in each ½ day engaged in literacy activities (such as reading, writing, listening to stories, or performing plays).
- 3.65 *Children have access to books every day. The provider encourages children to look at or read books on their own. She teaches children to take care of books as needed.
- 3.66 The provider builds on children's emerging interest in print and writing in the context of meaningful activities. Depending on their developmental levels, she encourages them to scribble; to recognize signs, alphabet letters and their sounds, to write their names, notes, and stories; to label their drawings; make books; or keep journals.

Math and Science

- 3.67 Children learn math and science concepts in the context of everyday activities, such as setting the table, preparing food, sorting the mail, cooking, gardening, and playing games. As they are able, they match, sort, arrange things in sequence, count things, measure, and recognize and create patterns.
- 3.68 Children have opportunities to explore the natural and physical environment, such as watching insects, planting seeds and caring for plants, playing with water and sand, and playing with balls and ramps.
- 3.69 The provider encourages children age 3 and older to observe and make predictions about things in the environment through activities and language, and asks them "what if" questions.

Creative Development

- 3.70 The provider offers daily opportunities for children to use their imagination and creativity through a variety of activities.

Art

- 3.71 The provider sets out inviting materials for art activities. Children age 3 and over have access to basic art materials during free play times.

- 3.72 Most art activities are open-ended and child-directed. Children decide what they will create and how they will do it. Coloring books, pre-cut materials, or activities that require children to produce a specific product are not examples of art activities (although they may be useful in other ways).
- 3.73 The provider comments on specific aspects of children's art, focusing on children's exploration of the materials and descriptions of their work. The provider does not show preference for work that looks realistic or pretty.
- 3.74 If there are children age 3 and older, the provider values children's work by displaying some of it (such as on the refrigerator or closet doors, in photo albums, scrap books, portfolios, wall hangings, child-made games, books, or painted cartons). She helps parents appreciate some of their children's creations.

Music, Movement, and Dramatic Play

- 3.75 The provider uses music in a variety of ways such as singing, finger plays, clapping games, playing instruments, and playing a variety of recorded music.
- 3.76 Children have opportunities to participate in making music with their voices or instruments (purchased or home-made).
- 3.77 The provider encourages children to dance and to use movement to recreate meaningful experiences, tell stories, or act out concepts.
- 3.78 The provider facilitates children's pretend play.

Television and Computers

- 3.79 If television, videos, or computer games are used, the provider assures that the content is appropriate for the ages of the children. Violent, sexually explicit, or stereotyped content is avoided (including cartoons).
- 3.80 If children watch television or videos, the provider limits their viewing time to no more than one hour per day and one full-length movie per week. Children under age 2 are not encouraged to watch television or videos. Alternate activities are available to all children during these times.
- 3.81 If a computer is used by the children, the provider limits each child's computer time to no more than one hour per day. When school-agers are engaged in an educational project, time using the computer does not need to be limited.
- 3.82 When used, all computer software promotes children's active involvement, group participation, learning, creativity, or fun.
- 3.83 If the Internet is used by children, the provider actively monitors its use.

Safety and Health

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

Safety

Supervision

- 4.1 *The provider can see or hear children at all times.
 - Children age 2 and under are in the provider's line of sight at all times, except when she attends to personal needs for up to 5 minutes. The provider assures the safety of all children while attending to her personal needs.
 - When children age 3 or older are not in sight, she listens carefully to assure that all is well.
 - Children age 5 or under are not left inside or outside by themselves.

- 4.2 *When children are sleeping
 - The provider can hear them (monitors are permitted).
 - The provider visually checks on babies age 7 months and younger every 15 minutes.
 - The provider's own children may sleep in their own beds regardless of age.

- 4.3 *The provider is particularly careful in supervising children in potentially hazardous activities including swimming, water play, woodworking, cooking, and field trips.

- 4.4 *Children are not permitted to leave the program with anyone other than their parent or specific individuals designated by a parent in writing or verbally. This applies to non-custodial parents.

- 4.5 Children are not left in equipment that restrains their movement for more than 20 minutes at a time and no more than half the time in care, except when eating or sleeping. Such equipment includes but is not limited to cribs, play pens, swings, baby seats, high chairs, exercisers. Back and front packs excluded.

- 4.6 If children are transported, take walks, or go on field trips, the provider has a comprehensive plan which addresses all safety issues and assures that children do not become separated from the group.

Checklist for Outings

- 4.7 The provider brings:
- first-aid kit (see 4.10)
 - emergency telephone numbers (see 4.11)
 - emergency treatment permission forms
 - coins for a pay phone, calling card number, or cellular phone
 - note paper and pen
 - diapers and wipes, if needed
- 4.8 Children carry:
- the provider's name and telephone number and their own name, where it is not visible, in case they do become lost.
- 4.9 *If children are transported in the provider's vehicle:
- babies, toddlers, and preschoolers never sit in the front seat of a vehicle
 - those between 6 and 12 years of age do not sit in the front seat of a vehicle with an active passenger airbag
 - they are never left unattended in a vehicle
 - excluding public transportation, they use a car seat, belt positioning booster seat or a seat belt approved for their height and weight. The car seat/booster has been properly installed according to the instructions of both the vehicle and car seat/booster's manufacturers.

Emergency Preparation

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

The first-aid kit includes:

- first-aid instructions
- disposable non-porous gloves
- soap and water or hydrogen peroxide
- tweezers
- bandage tape
- sterile gauze
- scissors
- a thermometer, baby-safe if babies are enrolled (may be kept separately from first aid kit)

4.11 *There is a working telephone, and emergency phone numbers are posted nearby.

Emergency phone numbers include:

- Parents' daytime numbers
- 911 or the local emergency numbers for: ambulance, police, and fire department
- poison control
- a nurse, doctor, or other medical consultant
- an emergency back-up caregiver
- two back-up contacts for each child

4.12 The provider helps children, as they are able, to learn their full names, addresses, phone numbers, and how to dial 911 or the local emergency number.

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

Fire Prevention

4.14 *Flammable materials are not stored in areas used for child care.

4.15 *Children do not have access to matches or lighters.

Injury Prevention

4.16 *Equipment and materials, indoors and outdoors, are safe and in good repair. There are no sharp or rough edges on furniture, toys, or outdoor play equipment.

4.17 The provider has an effective system to check for new safety hazards, indoors and outdoors.

4.18 The provider conducts monthly evacuation drills and keeps a log of the dates and times when drills were practiced.

4.19 Children age 5 and under do not wear necklaces (unless necklace can be easily broken), pacifiers on a cord around the neck, or clothing with draw strings around the neck, or the provider takes necessary precautions to avoid strangulation. There are no toys with cords, strings, or straps long enough to wrap around the neck (over 12 inches long).

4.20 There are no latex balloons within reach of children age 3 and under.

4.21 *If there is a working fireplace, woodstove, or space heater, it is safely screened and inaccessible to children or not used when children are present.

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

Poisonous Items include:

- medications
- poisons
- alcoholic beverages
- tobacco
- pesticides
- cosmetics
- cleaning supplies

4.23 *If there are firearms in the home, they are kept unloaded in a locked place inaccessible to the children. Ammunition is stored in a separate, locked place.

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

Special Precautions for Babies and Toddlers

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

4.26 *Children are never left alone on a changing table. The provider keeps one hand on the child or diapering occurs on the floor.

4.27 Babies under 1 year of age are placed on their backs for sleeping.

4.28 If there are children age 2 or under, water play is limited to sprinklers, containers less than 6 inches wide, or sinks - or water is less than 1 inch deep.

Home Safety Checklist - See Accreditation Health and Safety Guidebook

4.29 Children cannot lock themselves into rooms. Privacy locks on bathroom or bedroom doors are inaccessible to children, or locks can be opened quickly from outside.

4.30 *Working smoke detectors are installed on each floor of the home and near cooking and sleeping areas. Working carbon monoxide detectors are installed near sleeping areas.

4.31 *A working ABC-type fire extinguisher is located near the kitchen and on each floor used by children and instructions for use are posted. The recommended dates on fire extinguishers are not expired.

4.32 *Hot radiators and water pipes are covered or out of reach of children, or are not very hot to the touch. The tap water is not uncomfortably hot to the touch.

4.33 Hot items, including beverages, are kept out of children's reach.

- 4.34 Paint on the walls, ceilings, woodwork, and any other surface is not peeling or flaking. There are no paint chips or dust on floors or window sills. Walls and ceilings are free of holes or large cracks. There is no exposed asbestos insulation.
- 4.35 There are no toxic plants within children's reach, and the provider teaches children not to pick plants without permission.

Electrical Cords and Outlets

- 4.36 All electrical cords within children's reach are secured.
- 4.37 No cords are placed under rugs or carpeting.
- 4.38 *If there are children age 5 or under, every electrical outlet within children's reach is covered with a choke-proof, child-resistant device, in use, or otherwise “child proof”.

Exits and Stairs

- 4.39 Each floor used by children has at least two exits that lead to the ground level.
- 4.40 Exits are usable by toddlers and older children. Access is unobstructed.
- 4.41 Stairs with more than 3 steps, or a total rise of 24 inches or more, have railings usable by the children.
- 4.42 Railings are on the right side when descending, if possible.
- 4.43 Secure and safe gates or barriers close off the top and bottom of all stairs adjoining areas used by children age 3 or under. There are no pressure gates or accordion gates with openings large enough to entrap a child’s head.

Windows

- 4.44 Cords of window coverings are secured or out of children's reach.
- 4.45 *If windows more than 3 feet above ground are opened, they cannot be opened more than 6 inches or they are opened from the top and have safety guards – with bars no more than 4” apart. The safety guards must be removable from inside or outside by an adult in case of an emergency.
- 4.46 Windows that are opened have screens in good repair, unless the region is free of flying insects.

Kitchen

- 4.47 The stove and other cooking appliances are used safely or not used while children are present. Basic stove and oven safety guidelines:
- Pot handles are turned to the back.
 - Back burners are used when available.
 - Knobs are removed or covered when not in use, or there are safety knobs, or they are out of children's reach.
 - Children do not play within 3 feet of stove while in use. (School-agers may cook on stove if they are carefully supervised.)
- 4.48 If children age 3 or under enter the kitchen, lower cupboards are free of dangerous items or have child-proof latches.
- 4.49 Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups, and utensils are used.
- 4.50 Containers for wet garbage are plastic-lined and covered with a step-operated lid, or are located out of reach of children.
- 4.51 A cold pack or equivalent is kept in the freezer or refrigerator.

Bathroom and Diapering Area

- 4.52 Diapering and toileting areas are separated from food areas. If the kitchen sink is used for hand washing after toileting or diaper changing, it is sanitized after use.
- 4.53 The diapering surface is cleaned and sanitized after each diaper change, and diapers are disposed of in a plastic-lined container, covered with a step-operated lid, or located out of reach of babies and toddlers.
- 4.54 *If a potty chair is used, it is washed and sanitized after each use.
- 4.55 A secure step or stool is located in front of any sink where children wash their hands, or children can reach faucets without a step. Children under age 2 may be held while washing hands.
- 4.56 *Soap, running water, and paper towels are provided. If paper towels are not used, then each child has an assigned towel that is used consistently, doesn't touch other towels, and is laundered weekly or more often if needed.

Sleeping Areas

- 4.57 *If a crib, portacrib, or playpen is used, it meets current safety standards:
- Slats spaces not more than 2 3/8 inches apart.
 - Mattress fitted so no more than 2 fingers can fit between the mattress and crib side.
 - Sides locked in raised position.
 - Mattress fixed in lowest position if child can sit up.
- 4.58 Sleeping areas for babies do not have any surface that can conform to the face, including a soft pillow, soft mattress, comforter, or stuffed animal.
- 4.59 Children are provided with individual sleeping spaces allowing their faces to be at least 3 feet apart from each other. Each child's bedding is stored so that it does not come into contact with other bedding.

Outdoor Safety Checklist

- 4.60 Outdoor play equipment is spaced to avoid safety hazards for active children.
- 4.61 Play space, including neighborhood playground if used, is free of animal feces, broken glass, paint chips, or trash. There is no flaking or peeling paint or bare soil within 15 feet of a structure.
- 4.62 If there is a sand area or box, it is covered when not in use.
- 4.63 A fence or natural barrier encloses the play space, unless traffic is not a hazard. Space under porches is closed off.
- 4.64 *Ponds, wells, tool sheds, and other hazards are fenced or closed off.
- 4.65 No trampolines are accessible to the children in care, except for therapeutic equipment used with supervision.

Swimming Pool

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

Swings

- 4.68 If there are swings, they are safe.
- Swings are surrounded by a clearance area and fall zone that extends at least 6 feet beyond the stationary swing.
 - Each swing hangs at least 30 inches away from the support poles.
 - Swing seats do not have pinch points or "S" hooks.
 - Hooks at the top of swing ropes or chains are closed (not an open "S").

Health

- 4.69 If a child has been diagnosed as having a special need, the provider understands the condition, follows all prescribed treatments, and works with parents and other specialists as needed.
- 4.70 *No one smokes or drinks alcohol in the presence of children. No one smokes in child care areas during child care hours.
- 4.71 *The provider administers medications and other remedies only with written directions from a parent or the child's health care professional. Prescription medication is only administered from the original container. The written directions on the label are always followed.
- 4.72 Children are learning to keep themselves safe and healthy.

Nutrition and Food Preparation

- 4.73 *The provider serves nutritious and sufficient food following Child and Adult Care Food Program guidelines. If parents bring food, the provider assures that it is nutritious or supplements it.
- 4.74 *Food is stored, prepared, and served to children in a sanitary manner.

- 4.75 If parents bring food, perishable items including baby bottles, are refrigerated immediately. Baby formula is in factory-sealed containers, or powdered formula is used. When parents bring prepared bottles, they are labeled with the child's name and date of preparation or time it was expressed if mother's milk is used.
- 4.76 A written menu is posted daily or weekly and modified if it is changed - or parents bring food.
- 4.77 Children's food allergies are posted in the food preparation and eating areas.

Meals and Snacks

- 4.78 Meals or snacks are available at least every 3 hours. These times are relaxed, with some conversation.
- 4.79 Drinking water is available at all times. Cold-water faucets that are used for drinking or cooking are flushed for 30-60 seconds every morning before use. Hot tap water is never used for cooking of for formula.
- 4.80 Children are encouraged to taste new foods, but they do not have to eat anything they do not want.
- 4.81 *Children always sit down to eat meals. Meals and snacks are not rushed nor are children forced to stay at the table for more than a few minutes after they have finished eating.
- 4.82 *Food is never used as a reward or withheld as a punishment.
- 4.83 *The provider feeds babies when they are hungry. Babies younger than eight months are held when bottle fed. The provider is attentive and responsive to babies during feeding.
- 4.84 Children do not have bottles or sippy cups of milk, juice, or other beverages while lying down or walking around. Bottles are not heated in a microwave. Solid food is cut into cubes no larger than 1/4 inch for babies and 1/2 inch for toddlers.
- 4.85 Children age 3 and over help to plan and prepare meals and snacks on occasion.

Minimizing Disease

- 4.86 The provider implements an illness policy defining mild symptoms with which children may remain in care, and more severe symptoms that require notification of parents or back-up contact to pick up child.
- 4.87 Upon enrollment, the provider compares child's immunization record to national standards and encourages parents to schedule any missing immunizations - or parent's written objection is on record.

4.88 *The provider practices universal health precautions.

Universal Health Precautions

- Disposable non-porous gloves are worn when the provider has contact with blood, including blood in feces.
- Articles contaminated with blood are carefully disposed of, or cleaned and disinfected, or wrapped in plastic and sent home with parents.

4.89 Children do not share combs, brushes, toothbrushes, bibs, bottles, towels, washcloths, or bedding.

4.90 All floors used by children are swept and/or vacuumed daily. Washable floors used by children are mopped with disinfectant at least twice a week.

4.91 Toys and surfaces are cleaned and sanitized as needed. Toys that are mouthed by a child are not used by other children until sanitized.

4.92 If there is water play, water containers are emptied and sanitized daily.

4.93 Sheets are laundered at least once a week or when visibly soiled.

4.94 *The provider washes her hands with soap and running water and dries with paper towel or personal towel before preparing food, before eating, and after toileting, diapering, and contact with bodily fluids. If running water is unavailable, hand-cleaning solution or disinfectant wipes may be used.

4.95 Children's hands are washed with soap and running water and dried with paper towel or personal towel before preparing food, before eating, and after toileting, diapering, and contact with bodily fluids. If running water is unavailable, hand-cleaning solution or disinfectant wipes may be used.

Pets

4.96 *Before enrollment parents are informed if there are any pets. They are informed before new pets are brought into the child care area.

4.97 *If there are pets, they are in good health, even-tempered, friendly, and comfortable around children, or they are kept in areas not accessible to children. There are no turtles, iguanas, lizards, or other reptiles unless they are kept behind a glass wall in a tank or container where a child cannot touch the animals. There are no parrots or ferrets.

4.98 *If there are cats or dogs, rabies and distemper immunization records are on file and signed by a veterinarian within the past year. Pets are free of parasites and fleas.

4.99 Litter boxes, pet feces, pet food and dishes, and pet toys are kept out of reach of children.

Professional and Business Practices

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

Ethics and Legality

- 5.1 *The provider's attention is focused on children. Telephone calls, errands, or personal demands do not take priority over children's needs. The provider does not operate another business during child care hours.
- 5.2 The provider is intentional and reflective in her work, thinking about what occurs with the children and their families, considering any puzzling events or concerns.
- 5.3 *The provider maintains confidentiality and respects the privacy of children and families (except for reporting child abuse or neglect).
- 5.4 *The provider is licensed, registered, or certified and is in compliance with all state regulations.
- 5.5 *There is no child abuse, domestic violence, or illegal drug use in the home.

Professional Activities

Continuing Education and Support

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

Resource and Referral

- 5.10 The provider shares information with parents about common child-rearing issues such as temper tantrums and signs of infectious disease.

- 5.11 *The provider knows how to detect signs of child abuse and neglect, understands the responsibility to report suspicious cases to child protective services, and, if appropriate, files a report.
- 5.12 The provider has information about community resources that offer services to parents and children. The provider helps families access community and medical services as needed.
- 5.13 The provider informs parents about tax credits, child care subsidies, and employer child care benefits if available.

Business Contracts and Policies

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

Child Care Contract

Areas covered in the contract include:

- hours
 - fees
 - payment schedule
 - provider's and child's vacation
 - provider's and child's sick leave and absences
 - responsibility for alternate care
 - termination policy
- 5.17 The provider gives parents receipts upon payment of fees - or fees are fully subsidized - and gives parents her social security number or employee identification number with the first receipt and upon request.
 - 5.18 *If a child receives an injury beyond a minor scrape or bruise, the provider contacts a parent as soon as possible. Parent is given a written accident report within 24 hours which includes a description of the accident, action taken, outcome, and how the child responded.

5.19 The provider gives written policies to parents.

Written Policies

Areas covered in written policies include:

- substitute care arrangement
- persons authorized to pick up child
- illness
- administering medication
- emergencies
- guidance and discipline
- parent conferences and visits
- if relevant, religious teaching and activities
- if relevant, transportation and/or field trips

5.20 Program is covered by insurance including accident insurance for children and assistants (if employed), liability insurance, and vehicle insurance (if children are transported).

Record Keeping

5.21 The provider has some way of keeping observational notes about insights into children's interests, accomplishments, concerns, and some of the delightful things they say and do. These records are used for program planning and parent conversations.

5.22 The provider gathers information about the children and their families such as special needs, fears, food preferences, important holidays and traditions and updates the information as needed.

5.23 The provider keeps updated medical information for each child including:

- permission to treat emergencies, signed by parent(s)
- child's allergies
- chronic illness and other known health problems
- immunizations (or written documentation of parent's objection)

5.24 If children are transported or go on field trips, the provider has signed permission from parent(s)

5.25 The provider keeps children's daily attendance records.

Assistants and Substitutes

Assistants

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

5.26 The assistant understands and supports the goals for each child, as well as the rules and routines of the program.

5.27 Parents have met any regular assistant or substitute, except in emergencies.

- 5.28 The provider and the assistant share observations of children and families and plan some activities together.
- 5.29 The provider offers the assistant helpful, consistent, and constructive feedback, and encourages the assistant's professional growth.
- 5.30 The assistant, unless a family member, has a written job description defining responsibilities. The provider offers an annual review of the assistants job performance.
- 5.31 The assistant, unless a family member, is paid at least the minimum wage. If the assistant works more than 15 hours a week, the provider pays the employer's share of social security and worker's compensation.
- 5.32 Assistants who work more than 5 hours a day with the children have a break of at least ½ hour.

Substitute Providers

- 5.33 Except in emergencies, parents are notified in advance when a substitute provider will be responsible for their children.

Qualifications of Substitutes

- 5.34 *EXCEPT IN EMERGENCIES, ANY PERSON LEFT ALONE WITH CHILDREN:
- is at least 18 years of age
 - holds a current certificate in first aid and pediatric CPR
 - has an acceptable TB screening, see "Required Documentation" on page 3.
 - has spent time with the children before being left in charge
 - understands the program routines, children's special health and nutrition needs including allergies, and emergency procedures
- 5.35 *Children are not left with a substitute for more than 20% of the time (such as 1 hour per day every 5 hours, or 1 day per 5-day week, may be averaged over time).
- 5.36 At least one person is available for emergency back-up care and is able to arrive within 10 minutes.

Accreditation Terms

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

Accreditation Commission – The NAFCC body responsible for accreditation decisions.

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

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

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

- **Babies** – Children from birth until their first birthday.
- **Toddlers** – Children from age 1 through their third birthday.
- **Preschoolers** – Children ages of 3 through 5.
- **School-Agers** – Children ages of 6-12.

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

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

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

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

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

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

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

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

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

Decision – NAFCC reviews documentation from the observer and the candidate, as well as data from the parent surveys. The Accreditation Commission uses that information to determine the candidate's accreditation status.

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

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

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

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

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

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

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

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

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

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

Mentor – An individual who offers support and guidance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What if Question – Questions that require a prediction.

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