



Quality Standards for NAFCC Accreditation

**Fourth Edition
2005**

**Sponsored by
The National Association for Family Child Care**

**Developed by
The Family Child Care Accreditation Project
Wheelock College**

ACKNOWLEDGMENTS

We are deeply grateful to our Advisory Committee members, Steering Committee members, Community Workgroup members, NAFCC Board members, respondents to the Survey of Importance Ratings, and others who contributed to this new accreditation.

DIANA ABEL	CAROLYN CARNEY	CELESTINE EDWARDS	JANICE HALE	MARY ANN	REGINA MITCHER
LOIS ABRAMO	LYNN CARSON	SANDRA EFROSINIS	BETTY HALLETT	KNEIPHER	DIANA MJIG
ADRIANA AHLGREN	MARGIE CARTER	UDY EGGLESTON	TRACY HALVERSON	MARY KNOX	JANICE MOENSTER
AZITA ALLAHVERDI	RUTHINE CARTER-	ISABEL ELIAS	CATHY HANCOCK	PAULINE KOCH	PRANOTI MOHANTY
BENITA ALLEN-	PACE	KAREN ELIEZER	LIBBY HANCOCK	INA KONSORER	JANICE MOLNAR
MULLINS	BECKY CARTER-	RUTHIE ELLERBEE	MACK	SUSAN KONTOS	ELLEN MOORE
JANE ALLIS	STEELE	JOANN ELLIOTT	LUCILLE	ALBERTA KOOP	EVELYN K. MOORE
SUSAN ALONZO	ANGELA CASADY	KIM ELLIOTT	HARDIN-WALTIN	NANCY KOSTKA	KEN MOORE
DEBBIE ALSTON	GABRIELE CASE	PATTY ENNIS	RUTH HARDING	JOYCE KYLLONEN	RAMONA MOORE
CECELIA ALVARADO	BETTY CASSIDY	ADELAIDA FARRELL	WEAVER	DEBORAH	BIG EAGLE
CINDY AMDUR	BRENDAN CASSIDY	MARCIA FARRIS	VIVIAN HARDY	LABRUCHERIE	GWEN MORGAN
IRIS AMERINE	MINNIE CASTON	RENEE FAUCHIER	GINNY HARMELINK	ROSS LACHANCE	JUDITH MORGAN
CURRY ANDER	MARIA CASTRO	ARNETTA FERGUSON	LUCI HARMON	THERESA LANE	FRANCYNE MORTON
CELESTE ANDERSON	LILIA CERVANTES	HEIDI FERNANDEZ	THELMA HARMS	ROSALYN LANEY	JAN MUNDAY
WILLIAM ANDRE	MARY CHAMBERLAIN	NADINE FINEOUT	LU-ANN HARTSIG	TRACY LANG	HEDY NAI-LIN CHANG
ROBBIE ANTHONY	JACKIE CHAMBERS	SHIRLEY FINGERHUT	JANET HASSELL	LAURA LANTZ	BARBARA NAUCAS
K. ARKI	SELINA CHAN	GAIL FISHER	MARTY HAUSAM	CYNTHIA LASHLEY	MAUREEN
ELLEN ARMITAGE	CLAIRE CHANG	JILL FISHER	CHARYNNANNE	MARI BIANCA	NAUGHTON
MARYLINA AROCURN	MALI CHEKERIN	ELNORA FITTS	HAWKINS	LAUDERDALE	PAMELA NAVARRA
SUSAN ARONSON	KATHY CHENG	VICTORIA	DEBORAH HAYES	JOAN LAURION	JEANNE NELSON
KATHY ARROYO	BARBARA CHINN	FITZGERALD	LILLIAN HAYWARD	PATTY LAWRENCE	LAVERNE NELSON
JOAN AUCI	TASIA CHRISTAKIS	TRINA FLEER	DONNA HEAD	DEBI LAWSON	MAI NGUYEN
CARMEN AVALOS	DAREN CI	CASSANDRA	WANDA HEINER	RENEE LEE	SHARIN NIKOTICH
KATHRYN AZHAR	DEBORAH	FLODDER	EILEEN HENDERSON	SHARON LEISTMAN	CAROLYN NOBLE
AMY BAKER	CLARK-CRABTREE	LINDA FLODDER	MARION HENDRA	SALLY LEONARD	GLORIA NOVELO
MILISSA BAKER	MARILYN CLASEN	MARIA FLORES	MICHELLE HENRY	LYNN LEROSE	LU ANN NUNEZ
NANCY BALABAN	SHIRLEY CLERE	ROSALIA FLORES	SHARON HENRY	KAREN LEWIS	MARYLIN NYROS
BETSY BALDWIN	NANCY COHEN	DENISE FOGARTY	JOYCE ANN HERZOG	CAROLKAY	ARLINE OBERST
VERNOICE BALDWIN	YVONNE COLLINS	MARJORIE	JUDY HEUER	LISSENDEN	TAMMY OLSZEWSKI
MARIETTA BALTZ	AUDREY CONLEY	FONDACARO	CONSTANCE HIGGINS	ALICIA LOPEZ	HAZEL OSBORN
JOAN BANGEN	TOM COPELAND	RUTH ANNE FOOTE	EVA HIRALDO	VIOLETA LORENZO	TERESA PADILLA
GLADYS BARBOZA	LISA CORNING	DONNA FORESTER	ALEXIS HOLBROOK	CRISTOL LOVATO	CAROLYN PAKELTIS
BETTY BARDIGE	ALICIA CORRALES	LISSA FORMAN	KAY HOLLESTELLE	MARYLU LOVE	DOLLY PAPUGA
RETA BARNETT	JOY COSGROVE	JACKIE FOUNTAINE	KATHRYN HOPKINS	KRIS LOWE	MARY PARKER
PAIGE BEBEE	JANET COWELL	BRENDA FOX	MARGARET HOPKINS	LINDA LOWE	SUSAN PATKE
BRENDA BEGGS	ANDREA COX	JULIE FRANCONS	MONICA HOST	PATRICIA LUMPKIN	LANCE PAUL
JOAN BEJEUNE	CATHERINE COX	PHYLIS FRIEDMAN	CAROLLEE HOWES	SERENA ANN LUPFER	NANCY PAYNE
DEBBIE BELLEMARE	MARDEL CRANDALL	BECKY FREITAS	WHITNEY HUFF	ALISON LUTTON	LAURA PENNEY
KARLENE BENNETT	CHRIS CROSS	MONICA FULTON	MARION HUNTER	PAMELA LYONS	FELICITA PEREZ
PATTY BENTZ	MARGARET	JULIE GALBAN	VIRGIE HUNTER	MARITZA	MARGARITA PEREZ
SONYA BERKBIGLER	CRAWLEY	ELLEN GALINSKY	LOUISE HUNTER	MACDONALD	JOE PERREAULT
PHYLLIS BISHOP	EBBY CRYER	MARIA GARCIA	GILDA HURTADO	MARIA MADERA	DAWN PERRY
MARIA BOCANEGRA	POLLY CULLEN	OFELIA GARCIA	ROBIN IDEUS	MANE MAFFEO	EVELYN PETERS
TIPTON BOLING	DEBRA CUNDIFF-	YOLANDA GARCIA	ROSEMARY IRVING	EDIE MAHAN	JUNE PETERS
PARTICIA BOSTEDER	STITH	BETH GARDINE	KARMA ISHIURA	ZOVIC MAJARIAN	NANCY PETERSEN
DORIS BLOOMBERG	DOROTHY	KIT GARREL	BRENDA IVES	ROBERTA	DEBBIE PHILLIPS
KASIA BOCK-LEJA	CUNNINGHAM	QUINTON GEANS-	LINDA JANULIS	MALAVENDA	VICKI PIAZZA
CAROL BOURQUE	DEB CURTIS	YOUNG	JANICE JEFFERY	PATTY MALONE	BERNADETTE PIERCE
DIANE BOWEN	KATHLEEN	LINDA GEIGLE	TINA JIMINEZ	LYNN	ELAINE PIPER
PAULA BOWIE	D'AGOSTINO	SANDRA GELLERT	HILDA JOHNSON	MANFREDI/PETTIT	RIDA PISH
BETSY BRADLEY	MINDY DAGUE	J. GERLAND	LENORE JOHNSON	ANITA MARQUEZ-	KAREN POINTS
RONNIE BRAGEN	BETTY DALTON	BARBARA GIACHETTI	MARGARET JOHNSON	NEIMEYER	SUSAN POLLOCK
CHRIS BRAY	EVA DANIELS	CAROL GIAMMARCO	NANCY JOHNSON	CARMEN MARRERO	RENEE POST
SUE BREDEKAMP	MARGIE DANIELS	LIANA GIANNONI	POLLY JOHNSON	VICTORIA MARTA	JUDITH PRENTICE
KANDY	BERNADETTE	KELLEY GIESING	DEBRA JOHNSTON	BRID MARTIN	ELIZABETH PRESCOTT
BROOKS-HILLIARD	DAVIDSON	EILEEN JOAN	SHERYL JONES	SUE MARTIN	AMALIA PUNO
ANTOINETTE	LOUISE DAVIDSON	GILBERTI	CATHY JONES	JUNE MARTIN	JOAN PUZIN
BROUSSARD	DOROTHY DAVIS	BRENDA GLOVER	FORSYTHE	DOLORES MARTINEZ	GWEN QUIG
GRACE BROWN	MARRIETA DAVIS	SHERYL GODSY	NADINE JONES-	RITA MARULLO	ILENE RAILTON
KIM BROWN	ARICELI DEANGELO	CAROL GOGSTAD	RUFFIN	JOAN MATSALLIA	JULIANNA
KAREN BROWN	ROSE DEBIE-BOWMAN	LINDA GOLSTON	TINA JONES-SLADE	MURIAL MATTHEWS	RALEY-GALBAN
RUBY BRUNSON	LINDA SUE DELL	MARIA GOMEZ	JUDY JORGE	ONDA MAUGHAN	CIRILA RAMIREZ
CAROL BRUNSON	PHYLLIS DEMOTTA	LILIANA GONZALEZ	SUZANNE JUAREZ	CAROL MAURER	MARIA RAMIREZ
PHILLIPS	ELLEN DEROSIA	LINDA GONZALEZ	SHARON LYNN	ANN MAWN	DEBORAH RAMOS-
MCNAMARA BUCK	BEVERLY DEWEESE	RANEE GOODROAD	KAGAN	CATHY MCCOY	DROS
BETH BULLARD	SUNITA DHILLON	SANDY GOVERNOR	KIM KALINA	FAYE MCCRAY	LYNETTE RASMUSSEN
KIM BUNBURY	MICHELE DIADDEZIO	MARIA GRANADOS	COLLEEN KATZMAN	GLORIA	CAROL RATTERMAN
DEBORAH	BARBARA DIAZ-	MATTIE GRANT	DIANE KEARNS	MCCULLOUGH	FLOSSIE REAVES
BURCHFIELD	CANEJA	ELLEN GRAY	DIANA KECK	MARIE MCFADDEN	MARILYN REDD
DOROTHY	JILL DOCKINS	LESLIE GREATHOUSE	PJ KECK	JUDY MCMILLAN	DONNA REYNOLDS
BURGWALD	DIANE TRISTER	JULIE GREEN	SUNNIE KEECH	ANNE MEAD	JEANINE RICHARDS
KATHLEEN BURNS	DOGDE	ABBEY GRIFFIN	CAROL KEINTZ	GUSTINA MENTOS	BETH RIMANOCZY
SHARÉE BUSSIE	BETTE DOELGER	KAREN GRIMA	TRICIA KELLY-	RUTH MESSER	REGINA RINGGOLD
RUTH CADENA	NANCY DOHERTY	ARTIE MAE GRISBY	LYNCH	PAT METSALA	MARIA RIVERA
MAUREEN CAHILL	JAMIE DONALDSON	SHELLEY GROSS	LAUREEN KENNEDY	MARCIA MEYER	CARMEN RIVERS
LINDA CALDWELL	BARBARA DRISCOLL	KATY GROSSMAN	KATHLEEN KENSHUR	DARLINDA MICHAEL	JUANITA ROBINSON
CAROL CAMPBELL	PAM DUNN	PEGGY HAACK	DONNA KERR	BRENDA MILLER	LILIA ROCHA
KAREN CAMPBELL	JULIE DUVAL	SALLY HAGGERTY	BETHANY KIENZEL	SHENEQUA MILLER	SYLVIA ROCHA-
LORI CAMPBELL	DIANA DYER	GAIL HAHN	BRIDGET	VERLA MILLER	LYNCH
CATHY CAPLES	DEBORAH EATON	HEATHER HAIGH	KIESCHNICK	ELSIE MILLS	JANEEN ROCKWELL
DOROTHY CARDIEL	SUSAN ECKELT	MARTHA	DORIS KING	SILVIA MILLS	RENE ROEGLIN
NANCY CARIATA	DORCELLA EDDITH	HALDOPOULOS	CHAR KINGSBURY	JUDI MINTER	MARIA ROLANDO

MARIA ROSA-SALAZAR
GLORIA ROSLAND
DR. ROTHERHAM
CYNTHIA ROWE
CHRIS RUBINO
SHERRY RUNK
IRVINA RUSSELL
MARCIA RYSZTAK
RITA RZEZUSKI
DELANEY SALAZAR
MARIA SALAZAR
RAFAEL SANCHEZ
MARTHA SANDERS
GLORIA SANTOS
PAUL SAOUEDRA
LOURDES SARIOL
BARBARA SAWYER
HELEN SCAIFE
LINDA SCANLAN
LINDA SCARBROUGH
SALLY SCHAEFFER
CLOW
DEBB SCHAUBS
ANDREA SCHEIB
BETH SCHILLING
BEVERLY

SCHMALZRIED
FLORENCE
SCHUMACHER
SHARI
SCHWEPPE-STREILER
CAROL SCOTT
MICHELE SCOTT
BETH SCOZZAFAVE
HEIDI SEIDES
THERESA SELLIE
ROSE SHEA
KAREN SHEAFFER
MARILYN SHELTON
PALMA JEAN
SHEPPARD
BILL SHREM
ANNETTE SIBLEY
SARAH SIEGEL
MARIA SIMONS
LORRAINE SLATER
SARA SMIGIELSKI
CLAUDIA SMITH
DIANA SMITH
HORTENSE SMITH
JANET SMITH
JUANITA SMITH
KATHY SMITH

ROBERTA SMITH
SUSAN SMITH
VICKI SMITH
JUNE SOLNIT SALE
KAREN SOLON
KEN SPERBER
KATHIE SPITZLEY
PEG SPRAGUE
RENEE SPURBECK
PAM STANTON
KIMBERLY STARKES
DIANE STARKEY
FAYE STEINAN
BONNYECLAIRE
STEWART
KAREN STORC
MARY STUDEBAKER
RETA STUTZ
JUANITA SVENDSEN
ROXANNE SWEET
SALLY TACKETT
HELEN TAYLOR
PAT TAYLOR
STACY TEASTER
TAMMY TENER
TONI TEIXEIRA
NANCEE

TERRACCIANO
BARBARA THEISEN
ELMORIA THOMAS
MARY TINGIRIS
LOERAN TOLBERT
NANCY TOSO
LAURA TOUHEY
MARY ELLEN
TREMPELLING
BEVERLEE
TRUSZCIEWSKI
ANNA TURNIPSEED
KATHERINE
TURNIPSEED
JUDY BAN BOENING
JO VANDERSTELT
JENNIFER VANN
TERESA VAST
JESSIE VERNON
CLAUDIA VESTAL
EDNA VICENTE
CELIA VILLAR
YASMINA VINCI
MELANIE VISCELLI
DEBBIE WAINSCOTT
PAM WALDRON
LAURA WALKER

GAYLE WALL
PAT WARD
MARY WASHINGTON
BEVERLY WATSON
TRELLIS WAXLER
DEBBIE WEBB
KELLY WEIL
CATHY WEISBROD
LYNDA WEISMANTEL
CATHERINE
WESALOWSKI
RAILI WEST
MARCY WHITEBOOK
CHERYL WHITEHEAD
MARLA WILLARD
CAROLYN WILLIAMS
CASSIE WILLIAMS
LAVERNE WILLIAMS
OLYMPIA WILLIAMS
ROBERTA WILLIAMS
CAROLYN WILLIAMS
SUZANNE
WILLIAMSON
DOT WILLINGHAM
GLORIA WILLIS
LILLIE WILLS
LYNN WILSON

VICKI WILSON
LINDA WINKELMAN
DORA WINSTON
KAY WINTER
ANDREA WITHERELL
CATHI WITHERSPOON
LILY WONG
FILLMORE
LISA WOOD
BONNIE WOOTEN
CARLA WREAY
ALICE WRIGHT
DEBBIE JO WRIGHT
KATHLEEN WRIGHT
REVA WYWADIS
DEBORAH YARRELL
RENEE ZAMAN
FLORETTA
ZAMBRANO
AMY ZANGER
DEBORAH ZIEGLER
VIOLET ZUNIGA
*and anonymous
survey respondents.*

■ INTRODUCTION

Background of the Accreditation Project

In 1994, the National Association for Family Child Care (NAFCC) began a major initiative to develop a new accreditation system for family child care. Instead of modifying existing approaches for assessing quality, NAFCC asked the Family Child Care Project at Wheelock College to lead the development of its new accreditation, beginning "from scratch". NAFCC Accreditation was designed to promote and recognize high quality in family child care.

The Quality Standards for NAFCC Accreditation were developed through a three-year, consensus-building process that included hundreds of providers, parents, resource and referral staff members, and other early childhood experts. Key in the development of the NAFCC accreditation standards were the 53 community across the country. These workgroups held a series of discussions to define quality in family child care and to envision the new accreditation process.

A steering committee of national early childhood leaders were involved in the development of the new system and its relationship to the wider field of professional development in early care and education.

In 1998, the new system was piloted in eight cluster groups in five diverse communities across the country. NAFCC began national implementation of the new accreditation system in 1999.

Today, there are NAFCC accredited providers around the world. Nearly 2,500 providers have become accredited and additional providers enter self-study every day. Because of suggestions from the field, both the process and the standards continue to improve. This is the fourth edition of the Quality Standards for NAFCC Accreditation.

What does NAFCC Accreditation do for providers, families, and communities?

- ◆ DEFINES STANDARDS of quality for the field of family child care
- ◆ HELPS PARENTS AND POLICY-MAKERS recognize high quality family child care
- ◆ PROMOTES PROVIDERS' SELF-ASSESSMENT and professional development
- ◆ MOTIVATES PROVIDERS to put training into practice
- ◆ SERVES AS A CORNERSTONE in state professional development

■ HOW TO USE THE PROVIDER'S SELF-STUDY WORKBOOK

The self-study workbook is one of the most important tools a provider has to prepare for accreditation. It will also become a valuable resource once a provider is accredited. Providers should use this workbook during their self-study process.

NAFCC quality standards are all based on sound developmental principles and best practices in the early childhood field. The Self-Study Workbook is organized into five sections: Relationships, The Environment, Developmental Learning Activities, Safety and Health, and Professional and Business Practices. Standards are written on the left of each page. In the space in the middle the provider should circle whether she fully meets, partially meets, or does not meet each standard. In the space on the right the provider should list the steps she needs to take in order to fully meet each standard.

While NAFCC recognizes that many family child care providers are men, the majority of caregivers in the field are women. To simplify language in the self-study workbook, providers will be referred to as she. This is in no way intended to indicate a lack of respect for male family child care providers.

■ THE ACCREDITATION PROCESS

■ *Eligibility Criteria*

A provider must meet the following eligibility requirements in order to become accredited.

- Be at least 21 years of age.
- Have a High School Diploma or GED.
- Provide care to children for a minimum of 15 hours per week.
- Provide care to a minimum of three children in a home environment. At least one child must live outside the provider's home.
- Be the primary care giver, spending at least 80% of the operating hours actively involved with the children. If applying as co-providers each provider must spend at least 60% of the actively involved with the children.
- Have at least 18 months experience as a family child care provider before the observation visit or 12 months experience if home visits are conducted monthly and intensive training is received.
- Meet the highest level of regulation to operate a family child care program.
- Be in compliance with all regulations of the authorized licensing body.

■ *Required Documentation*

Providers and co-providers are required to submit the following documentation:

1. A copy of the highest level of license/registration/certification available for the program.
2. A health assessment within 2 years of when the request for observation visit documentation is complete. The NAFCC Family Child Care Health Assessment form is completed and signed by a health care professional.

3. A TB screening completed and signed by a health care professional using the NAFCC Family Child Care TB Screening Form. An acceptable TB screening must be dated within 2 years of when the request for observation visit documentation is complete and should include one of the following:
 - a) A negative TB test result
 - b) A statement that the provider does not need a TB test for being low risk of acquiring TB
 - c) A statement verifying that the provider has been cleared to work with children in the case that she has had a positive TB test result and/or tuberculosis disease.
4. Current First Aid and Pediatric CPR certificates.
5. A favorable review of state and FBI fingerprint records concerning child abuse and criminal background status for the provider. The review must be dated within 3 years of when the request for observation visit documentation is complete.

If the regulatory agency completes a review of the state records and the FBI fingerprint records concerning child abuse and criminal background status for the provider, a copy of the current family child care license, verified by NAFCC to be in good standing, may be used in lieu of the favorable review records. The records must be completed within the 3 year time frame. If the regulatory agency does not complete one or more of these reviews, the provider must obtain the review not completed by the state regulatory agency.
6. Documentation of at least 90 clock hours of FCC related training and education or a current Child Development Associate (CDA) Family Child Care Credential awarded through the Council for Professional Recognition. Providers are encouraged to seek training in each of the content areas. A minimum of 15 hours is required in each of at least three of the five content areas. The content areas are Parts 1 - 5 of the Quality Standards. NAFCC will accept the distribution of training in any of the following categories:
 - Workshops of two hours or less - *up to 28 hours*
 - Comprehensive training through an accreditation project, resource and referral agency, association, or network - *up to 58 hours*
 - A provider who teaches classes or workshops may include up to 18 contact hours of training (one time per training topic).
 - Coursework from an accredited college or university (including CDA and distance learning)
 - Continuing education units (CEU) from an accredited college or university

The training hours must be completed within 3 years prior to the date the request for observation visit documentation is complete. Training certificates or other verification of attendance must be attached to the NAFCC Training Record Form. The certificates or verification of training must include the name of the provider, the topic and date of the training, the number of hours attended, and if possible, the signature or stamp of the instructor or institution.

Items number 2, 3, and 4 listed above are required for all assistants.

The NAFCC Accreditation Process is divided into four main phases. The Application Phase, the Self-study Phase, the Observation Phase, and the Decision Phase.

■ ***Application Phase***

During the application phase, the provider completes the Application Packet and submits the packet and applicable fees to NAFCC.

■ ***Self-study Phase***

Once a provider has completed the Application Phase she receives the Self-Study Packet and is considered a candidate for accreditation. A candidate must spend a minimum of two months in self-study. She is allowed up to two years to complete the self-study phase and request the observation visit.

A candidate is encouraged to join training and support groups or to request assistance from a mentor/advisor during the self-study process. A candidate may also find the following list helpful during self-study:

- Review the standards in this workbook to reflect upon and evaluate the quality of the family child care program.
- Identify areas where improvement is needed to meet the quality standards.
- Design a Professional Development Plan to prepare for accreditation.
- Make quality improvements.

As the candidate nears the end of self-study she should begin to prepare the documentation required for the next phase. Gathering the necessary documentation often takes a significant amount of time.

■ ***Observation Phase***

Documentation

To initiate the observation phase, the candidate must submit a complete request for observation visit to NAFCC. This includes the *Request for Observation Visit* form (enclosed in the self-study packet) and all of the required documentation. See the “Required Documentation” section above for a detailed list of the documents. NAFCC accepts only a complete request for observation visit. Incomplete requests will be returned to the candidate. The request can be re-submitted when all required documents are current and complete.

Observer Assignment

Once NAFCC has verified that the request for observation is complete an observer will be assigned within 8 weeks.

Provider Self-Observation/self-certification

NAFCC will send the Self-Observation Packet to the candidate. The packet includes the self-observation book, parent surveys and other forms. The candidate should complete the self-observation book before the observer visit. This offers the candidate an opportunity to take one more look at the program. It will also help the candidate be aware of the things the observer will be looking for during the observation.

At least 80% of the families enrolled in the program must return a parent survey to the provider in a sealed envelope. The provider signs the Self-certified affidavit and returns all of the materials to NAFCC within 48 hours after the observation visit has taken place.

Observation Visit

NAFCC sends the Observer Packet to the assigned observer. Within 48 hours of receiving the packet, the observer should contact the provider to schedule the observation visit. Observations should be planned for a typical day and should be scheduled within 30 days of receiving the packet.

The actual observation must last at least 4 hours. After the observation the observer should take about an hour break away from the program in order to prepare for the interview with the provider. The provider should have someone available to the children during the interview, which should last approximately 1 hour.

Observer Scoring – The observer will mark standards that do not apply to the program as not applicable (N/A). For example, if there are no babies in care, all standards regarding babies will be scored N/A. There may be standards that apply, but are not seen during the observer’s visit. These will be scored Not Observed (N/O). Observers are not expected to see all of the standards during a four hour observation.

During the interview, the observer should ask about any standard scored less than fully met or not observed. Sometimes candidates have a good reason for not meeting one of the non-starred standards; in these cases, they may choose to take an “Intentional No”. When a candidate chooses to take an intentional no, she must give an explanation and any information NAFCC will need in order to make a decision about the standard.

Once the observation visit is concluded, the observer submits the completed materials to NAFCC with 48 hours.

■ ***Decision Phase***

Within 8-12 weeks of receiving both the candidate’s and the observer’s materials, NAFCC will notify the candidate by mail of the accreditation decision.

The NAFCC Accreditation Commission is responsible for accreditation decisions. Commissioners have Masters Degrees in early childhood education or a closely related field. They are well acquainted with the diversity of family child care homes, and have expertise in particular areas such as special needs, language/cultural subgroups, etc.

The observer's documentation, the candidate's self-certified standards, and the parent surveys are all used to gather data about how the candidate's program meets the standards. Each of these items is reviewed by accreditation staff and compiled for a complete picture of the family child care program. Accreditation policies require that each candidate fully meets all mandatory or "starred" standards. In addition, accreditation policies require that candidates successfully demonstrate that they meet a specified percentage of all non-starred items in each category. When a candidate meets the above criteria, accreditation is awarded for a period of three years.

Occasionally, there is an issue that prevents a candidate from receiving full accreditation status. In this case, the candidate receives a conditional accreditation with the opportunity to send, within a specified timeframe, proof that the issue has been resolved.

A candidate will be deferred if the Accreditation Commission concludes that significant improvements must be made in the child care program and additional time is needed in the self-study process. The provider may apply for accreditation when ready, but no sooner than 12 months.

Candidates have the option to appeal any decision made by the Accreditation Commission. Appeals must be made in writing, addressed to the Commission and mailed to NAFCC with any additional documentation.

If the provider moves during the three-year accreditation period, she must contact NAFCC for a New Home Certification Packet. The provider must complete the packet certifying that her family child care program, at the new location, meets the accreditation standards.

■ ***Re-accreditation***

A re-accreditation packet will be mailed to an accredited provider 9 months before her accreditation expires.

Providers seeking re-accreditation are encouraged to complete the process in a timely manner so there is no gap in accreditation and a consistent, easy to anticipate, re-accreditation date is maintained. To facilitate this practice, the three year re-accreditation period will begin on the previous expiration date if the decision is made within 45 days prior to or after the original expiration date.

Although the two-month self-study requirement is waived, NAFCC strongly encourages providers who are becoming re-accredited to allow ample time for thoughtful review of the standards and necessary program changes.

■ ***Denial or Withdrawal of Accreditation***

Denial or withdrawal of accreditation may occur for the following reasons as it pertains to NAFCC Accreditation:

- ***Criminal Conviction,***
- ***Committing fraud or providing incorrect information,***
- ***Altering of records or documents.***

Part 1: 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.

Note: Standards marked with a star (★) are **required** for accreditation.

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 in 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, through 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.

Part 2: 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

Part 3: 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.

Part 4: 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:

- 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 or 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.

Part 5: 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 assistant's 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 more than 20% of the time (such as 1 hour per 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.

■ Glossary

Accreditation – The process of certifying that something meets certain standards.

Accreditation Commission – The NAFCC body responsible for accreditation decisions.

Accreditation Council – The Council works to ensure 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.

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 third birthday.
- **Preschoolers** – Children ages 3 through 5.
- **School-Agers** – Children ages 6-12.

Anti-Bias Curriculum – This approach teaches children to feel proud of themselves and their cultural group, to understand and empathize with each other, to respect and appreciate differences in people, and to stand up against discrimination of any kind.

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

Application Phase – The time during the process when a provider applies to become accredited. This is the first phase of accreditation.

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 either the self study phase or the observation phase of accreditation.

Child Development Associate Credential/CDA – A credential administered through the Council for Professional Recognition.

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 with children 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 Phase – The time during the process when the decision about the candidate’s accreditation status is made. This is the fourth and last phase of accreditation.

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 the self-study process. The provider may apply for accreditation when eligible.

Developmentally Appropriate Practice – This important concept (Bredekamp & Copple 1997) 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 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 a request for observation visit. 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.

Home Environment – A building originally designed and constructed to serve as a residence.

Intentional No – Providers may choose not to meet a non-starred standard if there is sound reason to do so. The reasoning must take all health and safety issues 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 child care by strengthening the profession of family child care.

Not Applicable – A standard that 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 used to refer to a standard when there is little or no evidence of meeting the standard.

Observation Phase – The time during the accreditation process when the candidate completes the self-observation /self-certification and when the observation visit is made by the observer. This is the third phase of accreditation.

Observer – A professional trained by NAFCC who observes the family child care environment to document if the accreditation standards are being met and who interviews the provider to inquire about any standards that are not fully met or that are 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.

Parent Involvement – Providers are asked to involve parents in some way to help prepare for accreditation, responding to parents' interests and availability.

Partially Met – The designation given to a standard that is met some of the time, or when 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.

Program – The entire family child care service offered, including the provider, any assistants, the environment, and the business practices.

Project – 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.

Reciprocal Agreement – The agreement between NAFCC and the Council for Professional Recognition regarding acceptance of training verification. Each organization accepts the certificate from the other in lieu of required training verification.

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

Scoring – Scoring in the Observation Phase refers to 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 Phase – The phase during which the provider assesses the family child care program and makes changes or improvements necessary to meet the standards. This is the second phase of accreditation.

Special Needs – Children with special needs are not usually placed in a separate category in the NAFCC Accreditation. NAFCC assumes that all children have some special needs and that the provider should respond to the unique needs of each 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 Provider’s Self-study workbook.

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

Teachable Moment – A spontaneous learning opportunity.

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.

Reference

Note: The following resources were used, together with the community focus group findings, to inform the Quality Standards.

- Allen J. (1990). Promoting preschoolers' moral reasoning. In Honig, A.S. (Ed.). *Optimizing early child care and education*. NY: Gordon and Breach Science Publishers.
- Altman, R. (1992). *Movement in early childhood. Explorations with young children: A curriculum guide from Bank Street College*. New York, NY: Gryphon House.
- Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.
- American Public Health Association and American Academy of Pediatrics (1992). *Caring for our Children: National health and safety performance standards: Guidelines for out-of-home child care programs*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Anisfeld, E., Casper, V., Nozyce, M., & Cunningham, N. (1990). Does infant carrying promote attachment? An experimental study of the effects of increased physical contact on the development of attachment. *Child development*, 61, 1617-1627.
- Banks, J.A. & Banks, C.M. (Eds.) (1995). *Handbook of research on multicultural education*. New York: McMillan Publishing Co.
- Benard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school, and community*. San Francisco, CA: Far West Laboratory for Educational Research and Development.
- Berk, L.E. & Winsler, A. (1995). *Scaffolding children's Learning: Vygotsky and early childhood education*. Washington, DC: National Association for the Education of Young Children.
- Bernhard, J.K., Lefebvre, M.L., Chud, G., & Lange, R. (1995). *Paths to equity: Cultural, linguistic and racial diversity in Canadian early childhood education*. Ontario, Canada: York Lanes Press.
- Brazelton, T.B. (1992). *Touchpoints: Your child's emotional and behavioral development*. Reading, MA: Addison-Wesley Publishing Co.
- Bredenkamp, S. & Copple, C. (1997). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. Washington, DC: National Association for the Education of Young Children.
- Bredenkamp, S. & Copple, C. (1997). *Reaching potentials: Transforming early childhood curriculum and assessment. Volume 2*. Washington, DC: National Association for the Education of Young Children.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronson, M.B. (1995). *The right stuff for children birth to 8: Selecting play materials to support development*. Washington, DC: National Association for the Education of Young Children.
- Caldwell, B.M., Bradley, R.H. & Staff (1984). *Home Observation for Measurement of the Environment (H.O.M.E.)*. Little Rock, AR: University of Arkansas Center for Child Development and Education.
- Carter, M. (1996). *Communicating with parents. Child care information exchange*. No. 110.
- Carter, M. (1996). *Violence prevention: What's our role? School-age care quarterly*. 9 (1), 1-2.
- Carter, M. & Curtis, D. (1996). *Reflecting children's lives: A handbook for planning child-centered curriculum*. St. Paul, MN: Redleaf Press.
- Chang, H.N., Muckelroy, A., & Pulido-Tobias, D. (1996). *Looking in, looking out: Redefining child care and early education in a diverse society*. San Francisco, CA: California Tomorrow.
- Chang, H.N. (1996). *Affirming children's roots: Cultural and linguistic diversity in early care and education*. San Francisco, CA: California Tomorrow.
- The Children's Foundation (1990). *Helping children love themselves and others: A professional handbook for family day care*. Washington, DC: The Children's Foundation.
- Cochran, M. et al. (1990). *Extending families: The social networks of parents and their children*. New York: Cambridge University Press.
- Collins, P.H. (1994). *The meaning of motherhood in Black culture*. In R. Staples (Ed.). *The Black family: Essays and studies*. Belmont, CA: Wadsworth Publishing Company.
- Copeland, T. (1991). *Family child care contracts and policies: How to be businesslike in a caring profession*. St. Paul, MN: Redleaf Press.
- Cryer, D. (unpublished manuscript). *Major trends in research on infant cognition and memory*.
- Cuffaro, H. (1995). *Experimenting with the world: John Dewey and the early childhood classroom*. New York, NY: Teachers College Press.
- Cummings, E.M., Vogel, D., Cummings, J.S., & El-Sheikh, M. (1989). *Children's responses to different forms of expression of anger between adults*. *Child development*, 60, 1392-1404.
- Delgado-Gaitan, C. & Trueba, H. (1991). *Crossing cultural borders*. Bristol, PA: The Falmer Press.
- Derman-Sparks, L. & The A.B.C. Task Force (1989). *Anti-bias curriculum: Tools for empowering young children*. Washington, DC: National Association for the Education of Young Children.
- Dershowitz, R. (Ed.). (In Press). *Ambulatory Pediatric Care*. Philadelphia: Lippencott-Raven.
- Dinkmeyer, D. & McKay, G.D. (1982). *STEP: Systematic training for effective parenting: The parent's handbook*. Circle Pines, MN: American Guidance Service.
- Dunst, C.J. & Trivette, C.M. (1990). *Assessment of social support in early intervention programs*. In S.J. Meisels & J.P. Shonkoff. *Handbook of early childhood intervention*. New York, NY: Cambridge University Press.
- Elkind, D. (1988). *The hurried child: Growing up too fast too soon*. Reading, MA: Addison-Wesley.
- Elkind, D. (1994). *Ties that stress: The new family in balance*. Cambridge, MA: Harvard University Press.
- Emlen, A. (1996). *Quality of care from a parent's point of view*. Portland, OR: Regional Research Institute for Human Services.
- Farver, J.M. (1993). *Cultural differences in scaffolding pretend play: A comparison of American and Mexican mother-child and sibling-child pairs*. In K. MacDonald (Ed.), *Parent-child play: Descriptions and implications*. (pp. 349-366). New York: State University of New York.
- Feng, J. (1994). *Asian-American children: What teachers should know*. Urbana, IL: ERIC Digest.
- Fillmore, L.W. (1991). *When learning a second language means losing the first*. *Early childhood research quarterly*, 6, 323-346.
- Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care*. New York, NY: Families and Work Institute.
- Gardner, H. (1985). *Frames of mind: The theory of multiple intelligences*. New York: Basic Books.
- Goelman, H., Shapiro, E., & Pence, A.R. (1990). *Family environment and family day care. Family relations*, 39, 14-19.

- Gonzalez-Mena, J. (1993). *Multicultural issues in child care*. Mountain View, CA: Mayfield Publishing Co.
- Greenberg, P. (1991). *Character development: Encouraging self-esteem & self-discipline in infants, toddlers, & two-year-olds*. Washington, DC: National Association for the Education of Young Children.
- Greenman, J. & Stonehouse, A. (1996). *Prime times: A Handbook for excellence in infant and toddler programs*. St. Paul, MN: Redleaf Press.
- Greenspan, S.I. & Greenspan, N.T. (1985). *First feelings: Milestones in the emotional development of your infant and child from birth to age 4*. NY: Viking Press.
- Grotberg, E. (1995). *A guide to promoting resilience in children: Strengthening the human spirit*. The Hague, The Netherlands: Bernard van Leer Foundation.
- Hale, J.E. (1986). *Black children: Their roots, culture, and learning styles*. Baltimore, MD: Johns Hopkins University Press.
- Harms, T. & Cryer, D. (1995). *Quality criteria for family child care*. Chapel Hill, NC: Family Child Care Quality Criteria Project, Frank Porter Graham Child Development Center, University of North Carolina.
- Hawkins, F.P. (1969). *The logic of action: From a teacher's notebook*. Colorado: Mountain View Center for Environmental Education, University of Colorado.
- Hendrick, J. (1992). *The whole child: Developmental education for the early years*. Fifth edition. New York: Merrill Publishers.
- Hohmann, C. (1995). *Learning styles and the High/Scope approach*. Extensions newsletter of the High/Scope curriculum. 10, (3).
- Hohmann, M. & Weikart, D.P. (1994). *Educating young children: Active learning practices for preschool and child care programs*. Ypsilanti, MI: High/Scope Press.
- Honig, A.S. (March, 1993). *Mental health for babies: What do theory and research tell us? Young Children*. 48 (3), 69-75.
- Honig, A.S. (April/ May 1994). *Helping toddlers with peer group entry skills*. Zero to Three, 15-19.
- Honig, A.S. & Lally, J.R. (1990). *Behavior profiles of experienced teachers of infants and toddlers*. In A.S. Honig (Ed.) *Optimizing early care and education*. NY: Gordon and Breach Science Publishers.
- Hyson, M. C. (1994). *The emotional development of young children: Building an emotion-centered curriculum*. New York: Teachers College Press.
- Jaffe, N. (1992). In Mitchell, A. & David, J. *Explorations with young children: A curriculum guide from Bank Street College*. New York, NY: Gryphon House.
- Jorde-Bloom, P. (1988). *A great place to work: Improving conditions for staff in young children's programs*. Washington, DC: National Association for the Education of Young Children.
- Kagan, S.L., Moore, E., & Bredekamp, S. (Eds.). (1995). *Reconsidering children's early development: Toward common views and vocabulary*. Washington, DC: National Educational Goals Panel.
- Katz, L. (1993). *Dispositions as educational goals*. ERIC Digest. Urbana, IL: ERIC Clearinghouse on Elementary and Early Childhood Education. EDO PS 93 10.
- Katz, L.G. & McClellan, D.E. (1997). *Fostering children's social competence: The teacher's role*. Washington, DC: National Association for the Education of Young Children.
- D.E. Kendrick, A.S. & Gravel, J. (no date). *Family child care health and safety checklist: A packet for family child care providers*. Boston, MA: MA Department of Public Health.
- Klein, P.S. & Wieder, S. (Dec. 1994/Jan. 1995). *Mediated learning, developmental level, and individual differences: Guides for observation and intervention*. In Eggbeer, L. & Fenichel, E. (Eds.) *Educating and supporting the infant/family work force: Models, methods, and materials*. Washington, DC: National Center for Clinical Infant Programs.
- Kontos, S. (1992). *Family day care: out of the shadows and into the limelight*. Washington, DC: National Association for the Education of Young Children.
- Koralek, D.G. (1995). *School-age children... expanding horizons in family child care: Handbook for providers*. Washington, DC: Teaching Strategies, Inc. Developed for Child Development Services, Department of the Army.
- Koralek, D.G., Colker, L., & Dodge, D.T. (1993). *Caring for children in family child care. Volume I*. Washington, DC: Teaching Strategies.
- Lally, J.R. (1990). *Infant/toddler caregiving: A guide to social-emotional growth and socialization*. Sacramento, CA: CA Department of Education.
- Lally, J.R., Griffin, A., Fenichel, E., Segal, M., Szanton, E. & Weissbourd, B. (1995). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Washington, DC: Zero to Three/The National Center.
- Lally, J. R., Mangione, P.L. & Young-Holt, C.L. (1992). *Infant/toddler caregiving: A guide to language development and communication*. Sacramento, CA: CA Department of Education.
- Lawton, M.B. (1998). *Physical Contact Between Teachers and Children in Early Childhood Programs*. (Doctoral Dissertation, University of Massachusetts, Amherst). Dissertation Abstracts International.
- Levinger, L. & Mott, A. (1992). *Art in early childhood*. In A. Mitchell & J. David, *Explorations with young children: A curriculum guide from Bank Street College*. New York, NY: Gryphon House.
- Macdonald, M. (1992). *Valuing diversity*. In A. Mitchell & J. David, *Explorations with young children: A curriculum guide from Bank Street College*. New York, NY: Gryphon House.
- Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.
- Mallory, B.L. & New, R.S. (Eds.) (1994). *Diversity and developmentally appropriate practices: Challenges for early childhood education*. New York: Teachers College Press.
- Mangione, P. (1992). *Infant/ toddler caregiving: A guide to culturally sensitive care*. Sacramento, CA: CA Department of Education.
- Maurer, D. & Maurer, C. (1988). *The world of the newborn*. New York: Basic Books, Inc.
- Mayeroff, M. (1971). *On caring*. New York: Harper and Row Publishers.
- McAdoo, H.P. & McAdoo, J.L. (Eds.). (1985). *Black children: Social, educational, and parental environments*. Newbury Park, CA: Sage Publications.
- McLaughlin, B. (1995). *Fostering second language development in young children: Principles and practices*. Santa Cruz, CA: National Center for Research on Cultural Diversity and Second Language Learning.
- Meisels, S.J. & Shonkoff, J.P. (1990). *Handbook of early childhood intervention*. New York, NY: Cambridge University Press.
- Minium, L. (1990). *Mixed-age grouping: One happy family. Family day caring*.
- Mitchell, L.S. (1991). *Young geographers: How they explore the world and how they map the world*. Fourth edition. New York: Bank Street College of Education.
- Morgenthaler, S.K. (1996). *Igniting the fire: Learning at its best! The ecumenical child care network newsletter*. 14 (1).
- Musick, J.S. & Stott, F.M. (1990). *Paraprofessionals, parenting, and child development: Understanding the problems and seeking solutions*. In S.J. Meisels & J.P. Shonkoff. *Handbook of early childhood intervention*. New York, NY: Cambridge University Press.
- National Association for the Education of Young Children (1986). *Helping children learn self-control: A guide to discipline*. Washington, DC: author.

P
Publishers.

- National Black Child Development Institute (1996). Encouraging language skills in young children. *Child Health Talk*, 5 (1).
- Noddings, N. (1992) *The challenge to care in schools: An alternative approach to education*. New York: Teachers College Press.
- Norton, D.G. (1990). Understanding the early experience of Black children in high risk environments: Culturally and ecologically relevant research as a guide to support for families. *Zero to Three*. 10 (4), 1-7.
- Norton, D.G. (Dec. 1995/ Jan. 1996). Early linguistic interaction and school achievement: An ethnographical, ecological perspective. *Zero to Three*.
- Oehlberg, B. (1996). *Making it better: Activities for children living in a stressful world*. St. Paul, MN: Redleaf Press.
- Perry, T. & Fraser, J.W. (Eds.) (1993). *Freedom's plow: Teaching in the multicultural classroom*. New York: Routledge.
- Phillips, C.B. (1994). The movement of African-American children through sociocultural contexts: A case of conflict resolution. In B.L. Mallory & R.S. New (Eds.) *Diversity and developmentally appropriate practices: Challenges for early childhood education*. New York: Teachers College Press.
- Pitcher, E.G., Lasher, M.G., Feinburg, S.G., & Braun, L.A. (1979). *Helping young children learn*. Third edition. Columbus, OH: Charles E. Merrill Publishing Company.
- Post, J. & Hohmann, M. (1995). Planning the day in infant and toddler programs. *Extensions newsletter of the High/Scope curriculum*. 10 (3).
- Powell, D.R. (1990). Parents as the child's first teacher: Opportunities and restraints. *ED* 325 231.
- Powell, D.R., Zambrana, R., & Silva-Palacios, V. (1990). Designing culturally responsive parent programs: A comparison of low-income Mexican and Mexican-American mothers' preferences. *Family relations*. 39, 298-304.
- Rogoff, B., Mistry, J., Concu, A., & Mosier, C. (1993). Guided participation in cultural activity by toddlers and caregivers. *Monographs of the society for research in child development*. 58 (8). Chicago, IL: SRCD.
- Rubin, Z. (1980). *Children's friendships*. Cambridge, MA: Harvard University Press.
- Schulman, M. & Mekler, E. (March, 1986). How to raise a moral child. *Working mother*.
- Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute.
- Sisson, L. (Ed.). (1995). *Pilot standards for quality school-age child care*. Wellesley, MA: National School-Age Care Alliance.
- Slaughter, D.T. & Epps, E.G. (1987). The home environment and academic achievement of Black American children and youth: An overview. *Journal of Negro education*. 56 (1), 3-20.
- Smilansky, S. & Shefatya, L. (1990). *Facilitating play: A medium for promoting cognitive, socio-emotional and academic development in young children*. Gaithersburg, MD: Psychosocial & Educational Publications.
- Squibb, B. & King, J. (1994). *Play in home spaces in family child care*. ME: University of Maine.
- Taylor, T. (1995). *Self-assessment checklist for personnel providing services and supports in early intervention and early childhood settings*. Washington, DC: Georgetown University Child Development Center.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Greenfield, P.M. (Ed.). (1994). *Cross-cultural roots of minority child development*. Hillsdale, NJ: L. Erlbaum Associates.
- Werner, E.E. (1984). Resilient children. *Young children*. 68-72
- Werner, E.E. & Smith, R.S. (1989). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Bannister, Cox.
- Williams, C. & Kamii, C. (1986). How do children learn by handling objects? *Young children*. 42 (1), 23-26.
- Williams, L.R. (1994). Developmentally appropriate practice and cultural values: A case in point. In B.L. Mallory & R.S. New (Eds.) *Diversity and developmentally appropriate practices: Challenges for early childhood education*. New York: Teachers College Press.
- Windflower Enterprises (1991). *Second helping: An advanced enrichment course for family child care professionals*. Colorado Springs, CO: Windflower Enterprises, Inc.
- Wisconsin Early Childhood Association (1992). *Family child care accreditation: Program description*. Madison, WI: WECA.
- Wittmer, D.S. & Honig, A.S. (1990). Teacher re-creation of negative interactions with toddlers. In A.S. Honig (Ed.). *Optimizing early care and education*. NY: Gordon and Breach Science Publishers.
- Wolery, M. & Wilbers, J.S. (Eds.). (1994). *Including children with special needs in early childhood programs*. Washington, DC: National Association for the Education of Young Children.
- Wortham, S.C. & Wortham, M.R. (1989). *Infant/toddler development and play*. *Childhood Education*.
- Zero to Three (1992). *Heart start: The emotional foundations of school readiness*. Arlington, VA: National Center for Clinical Infant Programs.