

## Steps to Excellence Project for Family Child Care Homes

1. **Regulatory compliance** is key to program quality because:

- Research tells us that there can be both positive and negative consequences of attending child care related to the quality of care provided. Characteristics of care which have a significant impact on children's outcomes can be improved through strengthened state licensing requirements, higher standards for public subsidy, and better consumer ratings and information (*Child Care Licensing, NCEDL, April 2002*).
- Unfortunately, under standards implemented during the State budget crisis in 2003, the California Department of Social Services, Community Care Licensing Division implemented a monitoring schedule which conducts on-site inspections of child care programs only once every five years, one of the least-frequent monitoring programs in the nation.

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>1. Regulatory Compliance</b></p> <p>The same standard applies for all levels.</p> <ul style="list-style-type: none"> <li>• Source: Review of administrative records</li> </ul>	<p>Family child care provider has been operating a licensed family child care home for at least 12 months.</p> <p>License is not probationary and provider is not involved in a compliance plan.</p> <p>Provider has not been fined by the Department of Social Services, Community Care Licensing Division for failing to correct a deficiency in a timely manner or for repeated offenses.</p> <p>Large family child care homes have passed annual fire inspections.</p>	See Step 1.	See Step 1.	See Step 1.	See Step 1.

2. **Adult/Child Relationships** are key to program quality because:

- Adult/child ratios are a key predictor of child care quality.
- In the very early years of life, the child's relationships with nurturing, responsive adults are indispensable for her learning (*Neurons to Neighborhoods*, Shonkoff & Phillips, 2000).

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<p><b>2. Adult /Child Relationships</b></p> <ul style="list-style-type: none"> <li>• Teacher-to-child ratios.</li> <li>• Group size.</li> </ul> <p>Rating on Adult Involvement Scale:</p> <ul style="list-style-type: none"> <li>• Source: Observation</li> </ul>	<p><b>Meets</b> appropriate ratios as defined in Title 22:</p> <p><b>Small Home</b> = licensee and one of the following configurations:</p> <ul style="list-style-type: none"> <li>• 4 infants only,</li> <li>• 6 children, no more than 3 under the age of 2 years, <b>or</b></li> <li>• 8 children, at least 2 age 6 years or older, no more than 2 under 2 years.</li> </ul> <p><b>Large Home</b> = licensee, one assistant in one of the following configurations:</p> <ul style="list-style-type: none"> <li>• 12 children, no more than 4 under 2 years of age <b>or</b></li> <li>• 14 children, at least 2 are 6 years or older, no more than 3 under 2 years of age.</li> </ul> <p><b>Adult Involvement Scale Score</b> – not required at Step 1.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> is between 3.0 and 3.9.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> is between 4.0 and 4.9.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> is between 5.0 and 5.9.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> is equal to or over 6.</p>

**3. Learning Environments** are key to child care quality because:

- Children are active learners, drawing on direct physical and social experience as well as culturally transmitted knowledge to construct their own understandings of the world around them (Bredekamp and Copple, *Developmentally Appropriate Practice in Early Childhood Programs*).
- Play may be one of the most profound expressions of human nature and one of the greatest innate resources for learning and invention (*The Right Stuff for Children Birth to 8*, Bronson, 1995).

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<p><b>3. Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Assess family child care home using appropriate Environmental Rating Scale.               <ul style="list-style-type: none"> <li>• Source: Observation</li> </ul> </li> </ul>	<p>Family Child Care Environment Rating Scale-R not required at this Step.</p>	<p><b>Average overall score</b> on Family Child Care Environment Rating Scale-R is 3, verifying that custodial and some basic developmental needs are being met.</p>	<p><b>Average overall score</b> on the Family Child Care Environment Rating Scale-R is 4, verifying that custodial needs and more basic developmental needs are met than in Step 2.</p>	<p><b>Average overall score</b> on the Family Child Care Environment Rating Scale-R is 5, verifying that basic dimensions of developmental care are present.</p>	<p><b>Average overall score</b> on the Family Child Care Environment Rating Scale-R is 6, verifying that additional dimensions of high-quality care are present.</p>

**4. Identification and Inclusion** of children with special needs is key to program quality because:

- “Inclusion as an overarching program goal supports the growth and development of all children. Research indicates that the most effective programs are those in which (families, early childhood educators, special educators, and administrators) have shared values and goals for including children with disabilities or other special needs. Inclusion is understood to benefit all children, families, and communities”, (*Prekindergarten Learning & Development Guidelines*, California Department of Education, 2000).
- “If every child had a high-quality developmental check-up – and communities followed up with services and treatment – thousands of children with problems would have better lives”, (*A Different Kind of Test: Good developmental checkups are vital for school readiness*, Dunkle & Vismara, 2003).
- Supporting and accommodating children’s individual needs, creates opportunities for them to participate in program activities alongside their peers. Using inclusive practices creates an environment where children and families feel that they belong, not as a guest or an outsider, but as a full member of the group, (*Successful Strategies for Integrating Infants and Toddlers: Recommendations for Practice*, Brault, 1992).

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<p><b>4. Identification and Inclusion of children with Special Needs</b></p> <ul style="list-style-type: none"> <li>▪ Assess the frequency and sensitivity of development al screening.</li> <li>▪ Source: Review of child records, lesson plans, and resource materials</li> </ul>		<p>Families of children with special needs are welcomed to the home.</p> <p>The provider is aware of supports available through basic early intervention services provided by:</p> <ul style="list-style-type: none"> <li>▪ the local Regional Center, and</li> <li>▪ the local school district(s).</li> </ul>	<p>Previous Step +:</p> <p><b>Identification:</b></p> <p>Provider makes a high quality, culturally, and developmentally appropriate screening tool available to all families enrolling in the family child care home, and works with families to screen their children within 90 days of enrollment.</p> <p>Screenings are used to individualize all children’s needs and accommodations are implemented, as appropriate.</p>	<p>Previous Step +:</p> <p><b>Identification:</b></p> <p>The provider works with individual families to ensure that all children are screened annually.</p> <p>Providers use what they find from the annual screenings to individualize all children’s needs and accommodations are implemented, as appropriate.</p>	<p>Previous Step +:</p> <p><b>Identification:</b></p> <p>The provider works with individual families to ensure that all children are screened within 45 days of enrolling and at least twice a year thereafter.</p> <p>Provider makes resources available to families.</p>

4. Identification and Inclusion – continued

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4. Identification and Inclusion of children with Special Needs – continued			<p>If referrals for further assessment are needed, the provider makes information available to parents for the appropriate:</p> <ul style="list-style-type: none"> <li>▪ Regional Center,</li> <li>▪ School District, and/or</li> <li>▪ Other resources.</li> </ul> <p><b>Inclusion:</b></p> <p>If a child has an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP), the provider uses information from the IFSP/IEP and input from the family to structure activities that are supportive of the IFSP/IEP.</p> <p><b>Special Needs Training:</b> Licensee has completed, in the past three years, specialized coursework or professional development training that prepares them to work with children who have special needs. Training includes administration and interpretation of developmental screens.</p>	<p>If referrals for further assessments are needed, the provider makes information available to parents and offers support during the referral and assessment process</p> <p><b>Inclusion:</b></p> <p>When serving children with special needs, the provider understands the goals and outcomes of the IFSP/IEP, follows prescribed treatments, and works with parents and specialists as needed.</p> <p>Modifications and accommodations are made to ensure that each child with special needs is able to participate in all activities.</p> <p><b>Special Needs Training:</b></p> <p>Same as Step 3.</p>	<p><b>Inclusion:</b></p> <p>When serving children with special needs the provider and assistants understand the goals and outcomes of the IFSP/IEP, follow prescribed treatments, and work with parents and specialists as needed.</p> <p>A sense of belonging is fostered through maximum integration of children with special needs with their peers.</p> <p>Ongoing modifications are made to daily routines, curriculum, and/or environment as needed.</p> <p><b>Special Needs Training:</b> Licensee and assistant(s) have each completed, in the past three years, specialized coursework/professional development training that prepares them to work with children who have special needs. Training includes administration and interpretation of developmental screens.</p>

\*Assistants in family child care homes may fulfill a variety of functions. The standards described in this section apply to Assistants who have regular and direct caregiving responsibilities with participating children and their families.

**5. Qualifications and Working Conditions** are key to program quality because:

- 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 abides by legal requirements and makes use of resources in the community (*Quality Standards for NAFCC*).

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<p><b>5. Qualifications and Working Conditions</b></p> <ul style="list-style-type: none"> <li>Licensee and Assistant(s) education, compensation, and retention.               <ul style="list-style-type: none"> <li>Source: Review of site records</li> </ul> </li> </ul>	<p><b>Licensee</b> meets Title 22 qualifications, has completed 15 hours of health and safety training, including Cardio/Pulmonary Resuscitation (CPR).</p> <p><b>Assistants*:</b> No training requirements for Assistants.</p> <p><b>Staff Stability:</b> Parents are notified in advance when a substitute provider will be responsible for their children.</p> <p><b>Working Conditions:</b> Assistants, who are not family members, are provided written job descriptions and are paid at least minimum wage. Provider complies with all State and Federal requirements.</p>	<p><b>Licensee</b> meets previous Step and holds a Child Development Assistant permit (completed 6 college units of Early Childhood Education (ECE).</p> <p><b>Assistants*:</b> Have completed 15 hours of health and safety training and hold current CPR certifications.</p> <p><b>Staff Stability:</b> Average tenure for Assistant(s) over the past three years is 12 months.</p> <p><b>Working Conditions:</b> Previous Step +, Assistants who are not family members, are provided a written confirmation of job, salary, and hours.</p>	<p><b>Licensee</b> holds a Child Development Teacher Permit (24 ECE units, 16 General Education units).</p> <p><b>Assistants* :</b> Previous Step + completed 30 hours ECE training in the past 24 months <b>or</b></p> <p>Previous Step and hold a Child Development Assistant Permit (6 units of ECE)</p> <p><b>Staff Stability:</b> Same as Step 2.</p> <p><b>Working Conditions:</b> Previous Step + Licensee conducts an annual written evaluation of Assistant(s) who are not family members, and regularly informs all Assistants of training opportunities.</p>	<p><b>Licensee</b> holds an Associate of Arts (AA) degree in Child Development or AA with 24 ECE units or Teacher Permit (24 ECE units, 16 General Education units) and is accredited by National Association for Family Child Care (NAFCC).</p> <p><b>Assistants*:</b> Completed 15 hours of health and safety training, hold current CPR certifications and completed either 40 hours of ECE training in past 36 months <b>or</b> hold a Child Development Assistant Permit (6 units of ECE).</p> <p><b>Staff Stability:</b> Same as Step 2.</p> <p><b>Working Conditions:</b> Previous Step + Professional Growth Plans are in place for Licensee and Assistants who are not family members.</p>	<p><b>Licensee</b> holds a Bachelor of Arts (BA) degree in ECE or related field with child development units.</p> <p><b>Assistants*:</b> Completed 15 hours of health and safety training, hold current CPR and Child Development Assistant Permit ( 6 units of ECE ) and have completed 21 hours of ECE training in past 36 months.</p> <p><b>Staff Stability:</b> Same as Step 2.</p> <p><b>Working Conditions:</b> Previous Step + Licensee provides professional development training to other child care providers.</p>

\***Assistants** in family child care homes may fulfill a variety of functions. The standards described in this section apply to Assistants who have regular and direct caregiving responsibilities with participating children and their families.

**6. Family and Community** connections are key to program quality because:

- Adult relationships have a powerful impact on children’s quality of life. When adults are uncomfortable or mistrustful with one another, children feel the tension and are less able to attend to normal developmental tasks. But when adults have trusting relationships with plenty of give-and-take and care is seamless, children reap the benefits, (*Relationships, the Heart of Quality Care*, Baker and Manfredi/Petitt, 2004).
- Linking families to services and opportunities has been demonstrated to be an effective strategy in strengthening families. (*Strengthening Families through Early Care and Education*, Doris Duke Charitable Foundation/Center for the Study of Social Policy).

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<p><b>6. Family/Community</b> Source: Review of administrative records</p>	<p>Licensee maintains a Parent Handbook, which includes:</p> <ul style="list-style-type: none"> <li>▪ Admission policy;</li> <li>▪ Discipline policy;</li> <li>▪ Notification of parents’ rights, including visiting the program; and</li> <li>▪ Sign-in and out procedures.</li> </ul>	<p>Previous Step +:</p> <p>Provider welcomes all families and encourages their involvement as demonstrated by use of 3 strategies from Section A.</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 3 strategies from Section B.</p>	<p>Provider welcomes all families and encourages their involvement as demonstrated by use of 4 strategies from Section A</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 4 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 4 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 4 strategies from Section D.</p>	<p>Provider welcomes all families and encourages their involvement as demonstrated by use of 5 strategies from Section A</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 5 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 5 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 5 strategies from Section D.</p>	<p>Provider welcomes all families and encourages their involvement as demonstrated by use of 6 strategies from Section A</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 6 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 6 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 6 strategies from Section D.</p>

## **6. Family and Community Strategies**

### **A. The provider welcomes all families and encourages their involvement by providing:**

1. A comprehensive orientation to all families.
2. A Parent Handbook that describes the educational philosophy, policies, and procedures of the family child care home.
3. Written materials in home languages of families.
4. Communications in home languages of families, including securing adults to translate as needed.
5. A variety of opportunities for parents to contribute to the family child care home's operation (e.g. read to the children, donate items).
6. Materials and activities that incorporate the cultures of enrolled families and the community at large.
7. An annual group activity for children and their families (e.g. family picnic, potluck).
8. Creative strategies to adapt activities and schedules to meet family needs.

### **B. The provider fosters strong, reciprocal relationships by establishing intentional communication practices, such as:**

1. Utilizing families' preferred communication means.
2. Being available on a regular basis, to discuss daily occurrences and/or concerns with families.
3. Offering to meet with each family annually, to discuss their child's progress.
4. Offering to meet twice a year with each family to discuss their child's progress, and additional parent conferences available by request.
5. Providing an annual, written developmental report.
6. Posting and/or distributing calendars of daily schedule and activities.
7. Distributing a group information dissemination system, such as a newsletter.
8. Creating opportunities for families to help shape curriculum and practices.

**6. Family and Community Strategies** - continued

**C. The provider promotes family strengths, including an understanding of parenting and child development, and facilitates social connections by offering:**

1. Opportunities for mutual support among families.
2. Opportunities for families to share/exchange books, toys, clothing, etc.
3. Information and coaching about healthy child growth and development.
4. To work with families on strategies for creating consistency between home and the program relating to developmentally appropriate practices with children.
5. Child-specific, home-based activity ideas to families based on child's talents and opportunities for growth.
6. Opportunities to create family support plans and annual review of such plans (or more often, as needed).
7. Information, resources, and support for parents to develop their advocacy skills.
8. Support and encouragement for parents to become better informed primary decision makers for their children.

**D. The provider facilitates meaningful connections between community resources and families by:**

1. Cultivating working relationships with public and community-based services, i.e. health, education, and social services.
2. Developing and maintaining a current list of community resources.
3. Participating in assessment and evaluation meetings with families, such as Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP).
4. Initiating discussions about kindergarten at least one year prior to kindergarten entry.
5. Helping families navigate community resources including linking families to identified liaisons in public and community-based services.
6. Inviting community programs to share their areas of expertise with staff, parents, and children (e.g. library, local artists, police, story tellers).
7. Informing families of relevant, local community events.
8. Relaying policy changes at local, state, or national levels that effect early care and education services to families.