



Family-based Early Learning and Development Programs

COVID-19 Emergency Changes Addendum

In effect through June 30, 2021

This addendum reflects temporary changes to evidence requirements for QUALITYstarsNY Program Standards during the COVID-19 pandemic. These changes will be effective immediately for programs rated through June 30, 2021.

Temporary COVID-19 changes are reflected in the Minimum Requirement column in bold text throughout the Standard Guidance Document.

Standards with temporary evidence requirements changes during COVID-19:

Standard Category	Standard Code	Standard	Temporary Update During COVID-19
Learning Environment: Home Environment	HE 2	Provider completes a self-assessment using the FCCERS-R and writes an improvement plan to address subscale scores below 3.25.	Documentation dated as far back as 2018 will be accepted.
Learning Environment: Child Observation & Assessment	COA 2	Provider documents the developmental status of each child within 45 days of entering the home using a child development screening tool.	Documentation dated as far back as 2018 will be accepted.

Learning Environment: Child Observation & Assessment	COA 4	Provider documents the developmental progress of each child at least quarterly using a child development assessment tool or anecdotal records.	Documentation for any 12-month period dating as far back as 2018 will be accepted.
Family Engagement: Communication	C1	Provider communicates with parents of infants in writing on a daily basis about care giving routines, such as feeding, sleeping, and diapering/toileting.	<p>Programs may submit ONE of the following:</p> <p>Evidence of use must include completed forms for at least one child with information regarding the following care giving routines:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feeding <input type="checkbox"/> Sleeping <input type="checkbox"/> Diapering <input type="checkbox"/> Timing of above events <p>OR</p> <p>Written policy stating how written reports are shared with families on a daily basis</p>
Family Engagement: Communication	C4	Provider meets one-on-one with parents about their individual child's developments at least twice a year.	Documentation for a single child within a 12 month period dated as far back as 2018 will be accepted.

If you have any questions about these temporary changes, please reach out to your Quality Improvement Specialist. If further assistance is need, you can contact support@qualitystarsny.org.

Family-based Early Learning and Development Programs

Amended September 1, 2014; Temporary COVID-19 Addendum: Effective September 1, 2020 – June 30, 2021

LEARNING ENVIRONMENT

Research Rationale: *There is substantial evidence that classroom environment features are central to program quality and there is limited evidence that varied and appropriate classroom materials support children’s development. Research shows that the quality of teacher-child interactions contributes to quality in early care and education settings and there is substantial evidence that children with involved and responsive caregivers fare better on a wide variety of child development measures. There is also a substantial amount of evidence that developmentally appropriate curriculum is related to other measures of program quality and substantial evidence that a developmentally appropriate curriculum is related to child outcomes. There is a moderate amount of evidence that developmentally-appropriate assessment is associated with improved child development outcomes.*

Home Environment (HE) - 60 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
HE 1	Provider attends training on the Family Child Care Environment Rating Scale-R (FCCERS-R).	Providers are well versed in the ERS so they can create an environment in their home that is conducive to learning and caring for children’s routine needs.	<input type="checkbox"/> Training as indicated by Aspire	Evidence in Aspire that at least the provider has attended the relevant training within the last 15 months.	2
HE 2	Provider completes a self-assessment using the FCCERS-R and writes an improvement plan to address subscale scores below 3.25.	Provider and assistant provider(s) identify ways to improve the environment, using the relevant ERS.	<input type="checkbox"/> Completed FCCERS-R self-assessment report with written improvement plan.	Evidence must include all of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Completed ERS self-assessment report, stating overall score and subscale scores <input type="checkbox"/> Written improvement plan, if applicable <input type="checkbox"/> Temporary COVID-19 Update: Documentation dated as far back as 2018 will be accepted. 	8
HE 3-5 are determined by a site’s average Environment Rating Scale (ERS) score – not shown in the on-line Portal					
HE 3	Provider has an independent FCCERS-R assessment and achieves an overall score of 4.25 – 4.99. Written improvement plan for subscale scores below 3.50.		<input type="checkbox"/> Completed FCCERS-R assessment report with written improvement plan.		30

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
HE 4	Provider has an independent FCCERS-R assessment and achieves an overall score of 5.00 – 5.49. Written improvement plan for subscale scores below 4.00.		<input type="checkbox"/> Completed FCCERS-R assessment report with written improvement plan.		40
HE 5	Provider has an independent FCCERS-R assessment and achieves an overall score of 5.50 or higher. Written improvement plan for subscale scores below 4.50.		<input type="checkbox"/> Completed FCCERS-R assessment report with written improvement plan.		50

Child Observation and Assessment (COA) - 20 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
COA 1	Provider collects information at enrollment about the child's development, including social emotional concerns, dominant language, preferences and any special needs.	<p>Providers should gather information about each child and family during enrollment, in order to inform curriculum planning, help guide children's learning, and understand family circumstances from day one. This information is collected on all children.</p> <p>In addition to gathering information on any special needs, general information on children's preferences and background should be collected.</p>	<input type="checkbox"/> 2 completed questionnaires (with identifying information removed).	<p>Evidence must reference all of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child's physical development <input type="checkbox"/> Child's cognitive development <input type="checkbox"/> Child's social-emotional development <input type="checkbox"/> Dominant language of child (i.e., the language in which the child is most fluent) <input type="checkbox"/> Child's dietary needs and preferences <input type="checkbox"/> Child's date of enrollment 	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
COA 2	Provider documents the developmental status of each child within 45 days of entering the home using a child development screening tool.	Before or soon after starting in a family child care home, a child should be initially screened for basic developmental levels in order to help define individual learning goals and identify any potential special needs.	<input type="checkbox"/> One completed copy of each developmental screening tool used (with identifying information removed) OR <input type="checkbox"/> Policy and procedures for screening	Evidence must include all of the following: <ul style="list-style-type: none"> <input type="checkbox"/> One child <input type="checkbox"/> Enrollment date (This may be added to the form, if no space exists) <input type="checkbox"/> Completed screening form <input type="checkbox"/> Screening date occurs before enrollment OR within 45 days of the enrollment date. <input type="checkbox"/> Temporary COVID-19 Update: Documentation dated as far back as 2018 will be accepted. <p><i>The entire tool is not necessary. A few pages showing key elements, listed above, are sufficient.</i></p> <p>OR Provider may submit a statement of the policy and procedures for screening.</p>	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
COA 3	<p>Provider uses a developmental screening tool that is valid and reliable.</p>	<p>When providers use a developmental screening tool that has been researched, tested and shown to measure appropriate developmental milestones, they are assured that the results can be used for curriculum planning, as well as a basis to refer families for special educational services.</p> <p>Valid: A screening tool is valid when it measures what we want to measure and not something else.</p> <p>Reliable: A screening tool is reliable when the screening procedure is conducted accurately and consistently over time. The procedure would yield similar results if repeated or if done by a different person.</p>	<p>Evidence of use of one of the following tools:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ages and Stages Questionnaires, Third Edition (ASQ-3) <input type="checkbox"/> Ages and Stages Questionnaires Social-Emotional <input type="checkbox"/> Battelle Developmental Inventory Screening Test <input type="checkbox"/> Brigance Inventories System II <input type="checkbox"/> Brigance Self-Help and Social-Emotional Scales <input type="checkbox"/> Denver Developmental Screening Test (DDST) <input type="checkbox"/> Developmental Indicators for the Assessment of Early Learning 3rd Edition (DIAL 3) <input type="checkbox"/> Early Screening Inventory – Revised (ESI-R) <input type="checkbox"/> Learning Accomplishment Profile-Diagnostic Screens <input type="checkbox"/> Parents’ Evaluation of Developmental Status (PEDS) <input type="checkbox"/> Parents’ Evaluation of Developmental Status-Developmental Milestones (PEDS:DM) <input type="checkbox"/> Preschool and Kindergarten Behavior Scales, Second Edition (PKBS-2) <input type="checkbox"/> Other – submit proof that tool is valid and reliable 	<p>Evidence must include all of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name of the tool <input type="checkbox"/> Completed forms <input type="checkbox"/> One child <p><i>The entire tool is not necessary. A few pages showing key elements, listed above, are sufficient.</i></p> <p>If “Other” is selected, all of the following evidence must be submitted in addition to the items above:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The tool is designed for the purpose of screening (not child assessment) <input type="checkbox"/> The screening tool is appropriate for use with children between birth and five years <input type="checkbox"/> The screening tool covers multiple developmental domains (i.e. physical/motor, cognitive, linguistic, and social-emotional) <input type="checkbox"/> The screening tool is available for use by early childhood practitioners (e.g., early education teachers, child care providers, primary care practitioners, mental health service providers, home visitors, early intervention providers, etc.) <input type="checkbox"/> Information about the screening tool’s reliability and validity is available 	1

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
COA 4	<p>Provider documents the developmental progress of each child at least quarterly using a child development assessment tool or anecdotal records.</p>	<p>Authentic assessments are done regularly throughout the year, developmental progress is tracked and learning goals are adjusted. This is done for all children in the family child care home, regardless of age, using an age-appropriate tool.</p> <p>Authentic assessment tools can take many forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observation notes <input type="checkbox"/> Checklists <input type="checkbox"/> Developmental scales <input type="checkbox"/> Standardized assessment forms <input type="checkbox"/> Work sampling <p>In order to understand the whole child, providers should gather information about each child's development within all of the following domains:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical well-being, health, and motor development <input type="checkbox"/> Social and emotional development <input type="checkbox"/> Approaches to learning <input type="checkbox"/> Cognition and general knowledge <input type="checkbox"/> Language, communication, and literacy 	<ul style="list-style-type: none"> <input type="checkbox"/> One completed copy of assessment tool used (with identifying information removed) <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anecdotal records (one per age group, with identifying information removed) 	<p>Evidence must include all of the following indicators and be gathered in the following manner:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One child <input type="checkbox"/> One completed form for each quarter: on 4 different dates, at most 3 months apart <input type="checkbox"/> Temporary COVID-19 Update: Documentation for any 12-month period dating as far back as 2018 will be accepted. <input type="checkbox"/> Indicate all of the domains at least once in the assessment evidence <p><i>The entire tool is not necessary. A few pages showing completed information are sufficient.</i></p> <p><i>If a provider uses a variety of assessment tools throughout the period, a different form of assessment may be submitted for each quarter. However, each form must be for the same child.</i></p> <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anecdotal records, noting child's developmental milestone(s) within the 5 domains <input type="checkbox"/> Written anecdote, conducted quarterly: on 4 different dates, at least 3 months apart 	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
COA 5	Provider uses a developmental assessment tool that is valid and reliable.	<p>Valid and reliable assessment tools have been shown to give meaningful information about a child’s development and can effectively help identify developmental delays, if any exist.</p> <p>Valid: An assessment is valid when it measures what we want it to measure and not something else.</p> <p>Reliable: A sound assessment is reliable when the assessment is conducted accurately and consistently over time. The procedure would yield similar results if repeated or if done by different people.</p>	<p>Evidence of use of one of the following tools:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ages and Stages Questionnaires <input type="checkbox"/> Creative Curriculum Developmental Continuum Assessment <input type="checkbox"/> Bayley Scale of Infant and Toddler Development <input type="checkbox"/> Brigance Inventories <input type="checkbox"/> Galileo Preschool Assessment Scales <input type="checkbox"/> High Scope Child Observation Record (COR) <input type="checkbox"/> Learning Accomplishment Profile-Diagnostic (English or Spanish) <input type="checkbox"/> Mullen Scales of Early Learning <input type="checkbox"/> Ounce Scale <input type="checkbox"/> Work Sampling System <input type="checkbox"/> Teaching Strategies GOLD <input type="checkbox"/> Other – submit proof that tool is valid and reliable 	<p>Evidence must clearly indicate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name of tool <input type="checkbox"/> Completed forms <input type="checkbox"/> One child <p>It is not necessary to submit the entire tool. A few pages showing completed information will suffice.</p> <p>If “Other” is selected, the following evidence must be submitted in addition to the above:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indication that the tool is designed for the purpose of assessment (not screening) <input type="checkbox"/> The assessment tool is appropriate for use with children between birth and age five <input type="checkbox"/> The assessment tool covers multiple developmental domains (i.e., physical/motor, cognitive, linguistic, social-emotional) <input type="checkbox"/> The assessment tool is available for use by early childhood practitioners (e.g., early education teachers, child care providers, primary care practitioners, mental health service providers, home visitors, early intervention providers, etc.) <input type="checkbox"/> The assessment tool is valid and reliable 	1

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
COA 6	Provider and any regular assistants have annual training(s) in child observation and assessment including recognition of developmental milestones, identifying possible developmental delays and linking child observation and assessment to curriculum implementation.	Home providers and their assistants should have regular training that develops and continuously refines all aspects of child development; child observation and assessment; and integrating assessment results into learning goals and experiences, in order to be knowledgeable of and able to implement the latest recommended practices.	<input type="checkbox"/> Training as indicated by Aspire	Evidence in Aspire that at least 60% of the family child care staff have attended relevant training within the previous 15 months	6
COA 7	Provider can document that child observations and assessments are used to inform instruction that guide curriculum implementation and individual child learning.	<p>Assessment should be used to promote each child's development by planning and providing learning experiences that align with learning goals and help children reach their next developmental milestones.</p> <p>There should be a clear connection between the child's needs and the learning experience.</p> <p>Evidence of assessment results may include: conclusions drawn from observations, work samples, checklists, etc., such as:</p> <p>During an observation, I noticed 4 year old child shows interest in using scissors, but holds incorrectly and rips paper. The weekly/daily lesson plan would then indicate the individual child's learning goal and opportunity for cutting with scissors.</p>	<input type="checkbox"/> 2 samples of weekly or daily lesson plans that include individualized learning goals based on child observations and assessment AND <input type="checkbox"/> Statement of how provider monitors children's progress towards learning goals and makes appropriate adaptations	<p>Evidence must contain all of the following, specific to one child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment results (e.g., observation, progress report, and/or anecdotal evidence) <input type="checkbox"/> 2 sample weekly/daily lesson plans, including indications of how instruction is tailored to address assessment results (e.g., IEPs or lesson plans with modifications for individual children) <p>AND Statement must reference:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment result <input type="checkbox"/> Observations and assessments <input type="checkbox"/> Individual child's learning goal(s) 	6

Curriculum Planning and Implementation (CPI) - 20 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
CPI 1	Provider has lesson plans that outline learning goals and contain associated intentional activities.	Written lesson plans are a guide, helping providers plan ahead so that the children in the family child care home can learn at their own pace and in their own way. Lesson plans will help providers be prepared for all the children, whether they are infants or school-age children; the home's learning environment will be safe for the youngest, while challenging for the oldest and yet comfortable and familiar. Lesson plans will also help providers remember what worked and what didn't, what children were most interested in, and think about what to do next. There are many ways to plan lessons.	<input type="checkbox"/> 2 samples of weekly or daily lesson plans	Evidence must contain all of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Two weekly or daily lesson plans <input type="checkbox"/> Developmental and/or learning goals <input type="checkbox"/> Materials needed for the learning experience/lesson plan(s) <input type="checkbox"/> Description of the learning experience <input type="checkbox"/> Opportunities for individualized learning 	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
CPI 2	Provider uses a written curriculum or curriculum framework that is developmentally appropriate and addresses the key domains of child development.	The family child care provider's curriculum or curriculum framework is written, organized and references the five domains of child development, in order to promote optimal child development.	<input type="checkbox"/> Curriculum or curriculum framework AND <input type="checkbox"/> Documentation of use, such as daily plans or notes to parents	Evidence must include all of the following: Curriculum/curriculum framework must reference all key domains of child development: <input type="checkbox"/> Physical well-being, health, and motor development <input type="checkbox"/> Social-emotional development <input type="checkbox"/> Approaches to learning <input type="checkbox"/> Cognition and general knowledge <input type="checkbox"/> Language, communication, and literacy And <input type="checkbox"/> 1 source of evidence of provider's use of curriculum must be submitted. Acceptable examples include <input type="checkbox"/> Lesson plan(s) <input type="checkbox"/> Schedule(s) and/or explicit statement of how curriculum is appropriately used in lesson plans or schedule Any submitted evidence that documents curriculum usage must be completed and include indicators of the curriculum so that one can tell it is aligned with the curriculum. For example, key elements of the curriculum or a legend with codes for key elements of the curriculum. An explicit statement on how curriculum is appropriately transferred to lesson plans is expected.	3

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
CPI 3	Provider uses a written curriculum or curriculum framework curriculum that is evidence-based, meaning research has been conducted regarding the relationship between the curriculum and children's learning.	Using a curriculum or curriculum framework this is evidence-based, gives the provider and families assurance that learning experiences that are guided by the curriculum will effectively support children's learning for each key domain of child development. Evidence-based means the relationship between the curriculum and child outcomes has been proven effective through published, scientifically-based studies.	Evidence of use of one of the following curricula: <input type="checkbox"/> Before ABCs: Promoting School Readiness in Infants and Toddlers <input type="checkbox"/> Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice (Second Edition), Zero to Three <input type="checkbox"/> Cradling Literacy <input type="checkbox"/> Creative Curriculum <input type="checkbox"/> Create Curriculum for Infants, Toddlers, and Two's <input type="checkbox"/> Family Childcare Curriculum <input type="checkbox"/> High Scope Curriculum <input type="checkbox"/> The Montessori Approach <input type="checkbox"/> Other – submit proof that curriculum is evidence-based	Evidence must reference: <input type="checkbox"/> Cover page of curriculum, including the title (if applicable) If "Other" is selected, provider must also include evidence of the research basis for the curriculum components. Reference(s) to applicable studies and research is encouraged.	3
CPI 4	The curriculum or curriculum framework aligns with the NYS Early Learning Guidelines and/or the Pre-K Foundation for the Common Core.	The written curriculum is aligned to major state initiatives that reference children's development and learning needs.	<input type="checkbox"/> Curriculum or curriculum framework AND <input type="checkbox"/> Completed curriculum crosswalk	Evidence must include: <input type="checkbox"/> Curriculum cover page or curriculum framework AND <input type="checkbox"/> Completed crosswalk <i>The QUALITYstarsNY Standards Resource Guide has a sample crosswalk template that may be used for this purpose. Alternatively, any statement or chart that clearly notes how the curriculum or curriculum framework aligns with every domain of the ELG will suffice.</i>	4

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
CPI 5	The curriculum or curriculum framework is adapted to be culturally competent by incorporating into the learning environment culturally sensitive books, themes and projects.	Written curriculum recognizes the diversity of cultures, linguistic abilities, family units, disabilities, and religions that exist within the family child care home and throughout the world and fosters a sense of awareness, empathy, understanding, and acceptance of these differences.	<input type="checkbox"/> 2 sample lesson plans OR <input type="checkbox"/> 2 sample activity descriptions	Evidence must include the following: <ul style="list-style-type: none"> <input type="checkbox"/> 2 different activity/lesson plans <input type="checkbox"/> References to use of culturally sensitive books/themes/or projects Examples: <ul style="list-style-type: none"> <input type="checkbox"/> Curriculum guides providers in planning and implementing learning experiences related to diverse cultures <input type="checkbox"/> Diverse elements of the world are incorporated into the environment and learning experiences <input type="checkbox"/> Curriculum provides opportunities for children to confront biases 	2
CPI 6	Provider and any assistants receive annual training to implement the curriculum.	Ongoing training is needed to develop and continuously refine the providers' abilities to effectively implement curricula activities.	<input type="checkbox"/> Training as indicated by Aspire	Evidence in Aspire that at least 60% of the staff of family child care home have attended the relevant training within the previous 15 months	3

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
Home serves children with IFSPs or IEPs <input type="checkbox"/> Yes, continue <input type="checkbox"/> No, go to Physical Well-being & Health					
CPI 7	Provider implements appropriate modifications and provides additional supports to enable children with IFSPs or IEPs more effective inclusion in the full range of the program's activities.	When children with special needs participate in a family child care home, it is important for the providers to modify and support those children's learning, using IEPs and IFSPs for guidance, in order to provide a more effective, inclusive environment that gives children as much access to the full range of experiences with the least restrictions.	<input type="checkbox"/> Statement describing a currently enrolled child with IFSPs or IEPs and how your home implements significant modifications and provides additional supports	Evidence must include all of the following descriptions or examples: <ul style="list-style-type: none"> <input type="checkbox"/> 1 currently enrolled child with an IFSP/IEP <input type="checkbox"/> Modifications made for the child <i>The specific IEP/IFSP with the child's name should <u>not</u> be included.</i>	3

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

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
Provider enrolls children under 12 months of age <input type="checkbox"/> Yes, continue <input type="checkbox"/> No, go to PH2					

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PH 1	Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments, including tummy time when awake.	Infants need freedom of movement, including tummy time, to build strength and motor skills.	<input type="checkbox"/> Parent/family handbook OR <input type="checkbox"/> Curriculum OR <input type="checkbox"/> Daily schedule OR <input type="checkbox"/> Lesson plans or goal statements OR <input type="checkbox"/> Other	Evidence must show opportunities for movement, including all of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Free movement on stomach while awake and alert <input type="checkbox"/> Under supervision <input type="checkbox"/> Indoor and outdoor 	1

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
	Provider enrolls children 12 months of age and older	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, go to PH3			
PH 2	Program provides opportunities for toddlers and/or preschoolers to have at least 15 minutes of developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside) for every hour they are in care. For example, in a 3 hour program, children should have at least 45 minutes of physical activity in total, not necessarily continuously.	Provider should support the social-emotional, health, physical, and fine and gross motor development of children through active play. Multiple daily opportunities should be offered for structured and unstructured physical activity.	<input type="checkbox"/> Parent/family handbook OR <input type="checkbox"/> Evidence of policy OR <input type="checkbox"/> Daily schedule or plan OR <input type="checkbox"/> Other	Evidence must show physical activity that is all of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Structured (name the specific structured activity or activities) <input type="checkbox"/> Unstructured (free play) <input type="checkbox"/> Inside and outside (weather permitting) 	1

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PH 3	Provider has a policy that details the use of TV/video for children, including that TV/video time is never used during nap and meal time or for children birth to age 2. For children ages 2 to 5 there is no more than 30 minutes once a week of high quality educational/movement-based commercial-free programming.	Children’s access to television/video should be nonexistent for infants and toddlers and limited to 30 minutes per week for preschoolers so as to reduce the harmful effects of screen time and commercial marketing on health, learning, behavior and sleep.	<input type="checkbox"/> Parent/family handbook OR <input type="checkbox"/> Policy statement	Evidence must show: <input type="checkbox"/> Written policy on TV/video that references how viewing policies are differentiated by age group Age 0-2yrs: (if applicable) <input type="checkbox"/> No TV/video, ever Age 2-5yrs (if applicable) <input type="checkbox"/> No TV/video, ever OR All of the following: <input type="checkbox"/> No TV/video for children birth to age 2 <input type="checkbox"/> Maximum of 30 minutes/week of TV/video (2yrs. and older only) <input type="checkbox"/> No TV/video during naps <input type="checkbox"/> No TV/video during meals <input type="checkbox"/> All TV/video is quality educational and/or movement-based <input type="checkbox"/> No commercials	2
PH 4	Provider promotes the consumption of meals and snacks that meet the Child and Adult Care Food Program (CACFP) meal pattern for the ages served.	Nutrition is important to children’s growth and development. Childhood is also a time to teach nutrition and healthy habits that will last a lifetime. Menus that comply with the CACFP meal pattern requirements meet children’s nutrition, growth and developmental needs.	<input type="checkbox"/> If provider is in CACFP provide evidence of CACFP participation such as CACFP billing, CACFP reimbursement checks, correspondence from CACFP Sponsor or CACFP contract OR	<input type="checkbox"/> Evidence of participation in CACFP (i.e., CACFP billing, CACFP reimbursement checks, correspondence from CACFP Sponsor or CACFP contract)	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
		<p>There must be a clear link between CACFP guidelines and the meal pattern (portion size and components for meals and snacks) on menus.</p> <p>For more information about CACFP meal patterns, visit the USDA Food and Nutrition website for family day care homes.</p>	<input type="checkbox"/> If provider is not in CACFP provide a statement of how menus or meal/snack log meet the equivalent meal patterns	<p>If provider does not participate in CACFP, evidence must include all of the following:</p> <input type="checkbox"/> 1 week of menus for all meals and snacks served <u>using standard OCFS menu planning form</u>	
PH 5	Provider implements a formal obesity prevention program.	It is important for providers to adopt a set, established program to promote healthy eating habits and physical activity. It is also critical for providers to instill in children, families, and staff, the importance of healthy living and to provide them with the tools to adopt healthy habits.	<p>Evidence must demonstrate adoption of a formal obesity prevention program.</p> <input type="checkbox"/> Program assessment(s) OR <input type="checkbox"/> Action plan(s) OR <input type="checkbox"/> Timeline(s) OR <input type="checkbox"/> Goal statement(s) OR <input type="checkbox"/> Other	<p>Evidence must show the adoption of an approved obesity prevention program(s). <i>See Resource Guide for list of approved options.</i></p> <input type="checkbox"/> Evidence of use of an obesity prevention program	1
PH 6	Provider attends training regarding implementation of the obesity prevention program.	Provider is trained to implement a formal obesity prevention program.	<input type="checkbox"/> Training as indicated by Aspire	Evidence in Aspire that the provider has attended the relevant training within the previous 15 months	1

FAMILY ENGAGEMENT

Research Rationale: There is substantial evidence that parent involvement and parent-provider communication is important for high quality early childhood education and that parent-involvement is related to child development outcomes. Parent-provider communication in the parent’s dominant language is necessary for optimum results.

Communication (C) - 32 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
Provider enrolls children under 12 months of age <input type="checkbox"/> Yes, continue <input type="checkbox"/> No, go to C2					
C 1	Provider communicates with parents of infants in writing on a daily basis about care giving routines, such as feeding, sleeping, and diapering/toileting.	It is important to keep families informed as to the health and schedule of their child on a daily basis. Verbal communications are great, but not enough to ensure that parents have the information they need at the end of a busy day, when their infants might be fussy and need their full attention.	<input type="checkbox"/> Form used for communication AND <input type="checkbox"/> Evidence of use (e.g. referenced in paid employee job descriptions or parent/family handbook)	Temporary COVID-19 Update: <i>Programs may submit ONE of the following documentation.</i> <input type="checkbox"/> Evidence of use must include completed forms for at least one child with information regarding the following care giving routines: <input type="checkbox"/> Feeding <input type="checkbox"/> Sleeping <input type="checkbox"/> Diapering <input type="checkbox"/> Timing of above events OR <input type="checkbox"/> Written policy stating how written reports are shared with families on a daily basis	3
C 2	Program communicates with families in a comprehensive, written format about the program’s history, philosophy, admissions policies, other procedures, applicable regulations, and parent involvement opportunities.	<input type="checkbox"/> Important program information and policies should be written down, periodically updated and distributed to families.	Evidence must include information on the program’s history, admissions policies and parent/family involvement opportunities. <input type="checkbox"/> Parent/family handbook OR <input type="checkbox"/> Handouts OR <input type="checkbox"/> Website posting(s) OR <input type="checkbox"/> Other	Evidence must reference: <input type="checkbox"/> Program’s history <input type="checkbox"/> Admissions policies <input type="checkbox"/> Parent/family involvement opportunities	8
C 3	Provider periodically communicates in writing with	It is important to regularly share information about general	<input type="checkbox"/> 2 copies of evidence, such as newsletters, e-	Evidence must include:	4

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
	families about program and child activities and other pertinent information.	program events and children's activities with families so that they are aware of activities and may prepare or plan to participate. Information should be presented in a format easily accessible to families and translated, if necessary.	newsletters, e-mails, website postings, etc.	<input type="checkbox"/> 2 sources of evidence (e.g., provider's handouts for families about program/child activities, newsletters, e-newsletters, e-mails, and website postings) demonstrating the provider's communication with families about general children activities/program events and/or other pertinent information' <input type="checkbox"/> From 2 different dates <input type="checkbox"/> Within the previous 15 months.	
C 4	Provider meets one-on-one with parents about their individual child's developments at least twice a year.	Children grow fast and sometimes behave differently at home and the provider's child care. Therefore, it is important for families and providers to intentionally meet at least twice a year for a two-way discussion about their child's development, including physical well-being, health, and motor development; social and emotional development; approaches to learning; cognitive and general knowledge; and language, communication, and literacy. Providers and families will be able to use this shared knowledge to support learning at home and in the family child care home.	Evidence must demonstrate that meetings occurred on at least 2 different dates within the previous 15 months. <input type="checkbox"/> Meeting invitation OR <input type="checkbox"/> Calendar showing schedule of teachers' conferences OR <input type="checkbox"/> Conference announcement(s) OR <input type="checkbox"/> Parent/family handbook OR <input type="checkbox"/> Sign in sheet(s) OR <input type="checkbox"/> Other	Evidence must demonstrate: <input type="checkbox"/> Meetings occurred on at least 2 different dates <input type="checkbox"/> Temporary COVID-19 Update: Documentation for a single child within a 12 month period dated as far back as 2018 will be accepted.	4

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
C 5	Provider shares information with parents about the provider's, and any assistant's, educational qualifications and professional experience.	Families are informed, in writing, of the qualifications of the people who are taking care of and providing learning experiences to their children so they can trust and develop significant positive relationships.	<input type="checkbox"/> Handbook with staff qualification information OR <input type="checkbox"/> Staff member profiles OR <input type="checkbox"/> Website OR <input type="checkbox"/> Other	Evidence must include: <input type="checkbox"/> Written communication to families about staff qualifications and professional experience (e.g., memo, newsletter, handbook or website) Educational qualifications and experience for <input type="checkbox"/> Provider AND <input type="checkbox"/> At least 1 assistant, if applicable	4
C 6	Provider provides written information about family resources and supports, such as information on child development, oral health, child health insurance, tax credits, and child care financial assistance.	It is helpful to families when family child care programs provide information about family resources and supports in the community.	Evidence must show that written information about relevant family resources and supports is accessible to families. <input type="checkbox"/> Reference to the availability of resources AND <input type="checkbox"/> 3 sample resources/supports offered	Evidence must include: <input type="checkbox"/> Written statement such as a note to families or statement in family handbook referencing available resources and supports. <input type="checkbox"/> 3 sample resources/supports	9

Family Involvement & Support (FIS) - 32 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
Provider enrolls children under 12 months of age <input type="checkbox"/> Yes, continue <input type="checkbox"/> No, go to FIS 2					
FIS 1	Provider supports breastfeeding.	There are proven health benefits and development advantages associated with breastfeeding. Providers should support mothers	<input type="checkbox"/> If participating in CACFP provide CACFP Breastfeeding Friendly Certificate	Evidence must include: <input type="checkbox"/> Completed CACFP Breastfeeding Friendly Certificate	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
		who desire to provide breast milk for their children.	OR <input type="checkbox"/> If not participating in CACFP provide a completed CACFP Self-Assessment	OR <input type="checkbox"/> Completed CACFP Self-Assessment	
FIS 2	Provider offers family social gatherings that intentionally include other family members, in addition to parents.	Engaging extended family members in the program's activities sends the message that every member of each child's family and communities are important to children's development.	Evidence must show that provider offers family social gatherings that include family members beyond just parents. <input type="checkbox"/> Announcement or invitation OR <input type="checkbox"/> Calendar showing gathering(s) OR <input type="checkbox"/> Newsletter OR <input type="checkbox"/> Other	Evidence must show: <input type="checkbox"/> Proof of family social gatherings (e.g. announcement, invitation, calendar, etc.) <input type="checkbox"/> Intentional inclusion of family members beyond just parents (e.g., grandparents, siblings, uncles, etc.)	3
FIS 3	Provider offers volunteering opportunities for families, such as help with field trips and opportunities to share talents and expertise.	It is important to provide families with opportunities to participate in their child's program. Allowing family members to volunteer will enhance the trust and partnership between families and care givers.	Evidence must show that provider offers opportunities for family members to volunteer. <input type="checkbox"/> Policy Statement OR <input type="checkbox"/> Memo OR <input type="checkbox"/> Announcement or invitation OR <input type="checkbox"/> Other	Evidence must demonstrate that provider offers opportunities for family members to volunteer. <i>Indication that families can initiate volunteer opportunities that will then be considered can also meet this standard.</i>	3
FIS 4	Families complete a program evaluation or survey annually and results are used for program improvement.	Providers, who are looking to improve their family child care homes, welcome feedback about the program's strengths and weaknesses from families. This information is analyzed and used to improve the program.	<input type="checkbox"/> 2 samples of completed surveys or other evaluation tools AND <input type="checkbox"/> Improvement implementation plan based on survey responses	Evidence must include: <input type="checkbox"/> 2 surveys or other evaluation tool(s) AND <input type="checkbox"/> Improvement/implementation plan for provider's family child care that is clearly based on family survey results	4
FIS 5	Provider completes a self-assessment on family-responsive practices using a tool, such as the Center for the	Providers should regularly assess whether their responsiveness to families and the supports they need are effective. The results	<input type="checkbox"/> Program assessment tool, at least 50% completed AND	Evidence must include: <input type="checkbox"/> Program assessment tool, at least 50% completed AND	5

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
	Study of Social Policy's Family Strengthening Self-Assessment tool, and results are used for program improvement.	will be used to determine improvements to the family child care program's responsive practices.	<input type="checkbox"/> 1 improvement/action plan based on assessment results	<input type="checkbox"/> 1 improvement/action plan based on assessment results	
FIS 6	Provider and any assistants complete a self-assessment of cultural competence using a tool, such as the National Association for the Education of Young Children Pathways to Cultural Competence Toolkit, the Self-Assessment Checklist for Personnel Providing Services and Supports In Early Intervention and Early Childhood Settings the Checklist for Promoting Cultural & Linguistic Competency for ECE Personnel from the National Center on Cultural Competence, or some other tool. The results are used for program improvement.	Provider's family child care program is actively working to improve its cultural and linguistic competency so that it can work with and support diverse families.	<input type="checkbox"/> Completed self-assessment OR <input type="checkbox"/> Self-assessment reports OR <input type="checkbox"/> Provider improvement plan	Evidence must include: <input type="checkbox"/> Completed self-assessment tool AND <input type="checkbox"/> Completed improvement plan noting the link between the assessment and the improvement activities	5
Provider enrolls children whose home language is not English: <input type="checkbox"/> Yes, continue <input type="checkbox"/> No, go to Transitions					
FIS 7	Provider and any assistants greet children and parents in the home languages of the children and parents.	Staff supports the needs of children and families whose home language is not English.	<input type="checkbox"/> List of home language(s) spoken other than English AND <input type="checkbox"/> Policy/philosophy statement indicating how staff greet children in their home language(s)	Evidence must reference: <input type="checkbox"/> Home language(s) spoken other than English <input type="checkbox"/> How staff greet children in home language(s)	2
FIS 8	Provider has access to at least one English speaker who also speaks those languages who can assist with translation or other requests (e.g., another parent, community volunteer, or neighbor).	To support the needs of children who speak a home language other than English and to communicate effectively with families about their children, a provider needs to have utilized someone who speaks both English and the language spoken by the family.	<input type="checkbox"/> Policy statement OR <input type="checkbox"/> Resumes showing language fluency OR <input type="checkbox"/> Statement from person(s) who speaks the dominant language	Evidence must include: <input type="checkbox"/> List of primary languages of children/families AND <input type="checkbox"/> Evidence that provider utilizes person who can translate between provider and families who speak in other language	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
FIS 9	Provider obtains training to address the needs of English language learners.	Providers will be more capable of supporting the needs of children and families whose home language is not English, if they participate in regular training to develop and refine their knowledge of practices related to English Language Learners (ELL).	<input type="checkbox"/> Evidence in Aspire that at least the provider has attended the relevant training within the previous 15 months	Evidence in Aspire that at least the provider has attended the relevant training within the previous 15 months	6

Transitions (T) - 8 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
T 1	Provider has a written policy and procedures to support children and families transitioning into the home childcare setting, which includes providing information on separation and attachment.	Separation is difficult for both young children and their parents/families. Providers should be knowledgeable about the meaning of separation at different ages and have the skills to help both children and parents/families to understand and cope with separation. Having a specific written policy demonstrates a provider's awareness of transitions and acknowledges its significance to families.	Evidence must reference ways in which the provider supports families when <u>starting</u> the program, including providing information on separation and attachment. <input type="checkbox"/> Policy statement OR <input type="checkbox"/> Procedures	Evidence must reference: <input type="checkbox"/> Ways provider supports families when <u>starting</u> the program <input type="checkbox"/> Separation information <input type="checkbox"/> Attachment information	4
T 2	Provider has a written policy and procedures to support children and families transitioning out of the home child care setting including when children transition to another care or educational setting (e.g., other family home, kindergarten).	A provider should follow procedures to help children and their families anticipate and adjust to new routines. Careful implementation and clarity in written policies and procedures reduce the trauma and upset. When possible, families should be included in the planning for changes in their child's routine or primary caregiver. Additionally, in the case of children going to Kindergarten, providers should have resources to aid families in making this large transition to school.	Evidence must reference ways in which the program supports families in <u>transitioning out of</u> their family child care home and into another program. <input type="checkbox"/> Policy statement OR <input type="checkbox"/> Procedures OR <input type="checkbox"/> Information from parent/family handbook OR <input type="checkbox"/> Sample of information given to families (e.g. kindergarten registration) OR <input type="checkbox"/> Evidence of meetings or other supports	Evidence must reference: <input type="checkbox"/> Ways provider supports families in <u>transitioning out of</u> the family child care home and into another program	4

QUALIFICATIONS AND EXPERIENCE

Research Rationale: *There is a substantial amount of evidence that teacher education and training are related to other measures of program quality and to child outcomes. There is substantial evidence that director professional development is related to other measures of program quality and limited evidence that director professional development is related to child outcomes. While there is limited and conflicting evidence that experience of staff is related to other measures of program quality or child development outcomes, consumers value experience.*

Note: Points are earned for the highest degree completed AND for each of several credentials AND for experience. The provider earns points in Management (qualifications and experience). Both the provider and any assistants earn points in the Provider and Assistants Qualifications and Experience sections. If there is an assistant, these points are weighted by percent of time worked by the provider and the assistant and averaged. To be equitable between group family and family child care, the provider's qualifications and experience count more heavily than the assistant's. Provider and any assistant qualification and experience will be entered into Aspire: New York's Workforce Registry. Aspire will verify this information and send it to QUALITYstarsNY.

Provider Management Qualifications - 12 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PMQ 1	15 clock hours in management, leadership, and/or administration (or for Group FCC in supervision) -OR-	Provider has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program.	<input type="checkbox"/> As indicated in Aspire, verified with training certificates	As indicated in Aspire, verified with training certificates	2
PMQ 2	3 to 5 credits in management, leadership, and/or administration (or for Group FCC in supervision) -OR-	Administrator has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program.	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	6
PMQ 3	6 to 8 credits in management, leadership, and/or administration (or for Group FCC in supervision) -OR-	Administrator has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program.	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	9
PMQ 4	9 or more credits (13.5 CEUs) in management, leadership, and/or administration (or for Group FCC in supervision)	Administrator has the appropriate education and background in ECE to manage a developmentally appropriate and high quality program.	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	12

Provider Administrative Experience - 2 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PAE 1	At least 3 years of experience in an administrative position in an early care and education program	Provider has the appropriate experience in supervising a care program to manage a developmentally appropriate and high quality program.	<input type="checkbox"/> As indicated in Aspire employment tab	As indicated in Aspire employment tab	2

Provider & Assistant Qualifications - 58 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PAQ 1	Child Development Associate (CDA) credential with Infant-Toddler specialization -OR- Child Development Associate (CDA) credential with Family Child Care specialization -OR- Child Development Associate (CDA) credential with Preschool specialization	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with certificate	As indicated in Aspire, verified with certificate	23
PAQ 2	Montessori, Infant/Toddler Credential -OR- Montessori, Early Childhood Credential -OR- Montessori, International Credential	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with certificate	As indicated in Aspire, verified with certificate	28
PAQ 3	NYS Infant-Toddler Credential -OR- NYS Family Child Care Credential	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with certificate	As indicated in Aspire, verified with certificate	31
PAQ 4	No higher education degree but at least 9 college credits in ECE -OR-	Staff has the appropriate education and background in ECE to provide	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	28

		developmentally appropriate and high quality care.			
PAQ 5	No higher education degree but at least 18 college credits in ECE -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	35
PAQ 6	Associates degree in ECE, or Associates degree in a related field and 9 ECE credits, or any Associates degree and at least 24 credits in ECE -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	38
PAQ 7	Bachelor's degree in ECE, or Bachelor's degree in a related field and 9 ECE credits, or any Bachelor's degree and at least 24 credits in ECE. -OR-	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	45
PAQ 8	Master's degree or higher in ECE, or Master's degree in a related field and 9 ECE credits or any Master's degree or higher and at least 24 credits in ECE	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with transcript	As indicated in Aspire, verified with transcript	48
PAQ 9	NYS Early Childhood Teacher (Birth – Grade 2) Certificate -OR- NYS Students with Disabilities (Birth – Grade 2) Certificate -OR- NYC Teacher (N-6) Certificate	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with certificate	As indicated in Aspire, verified with certificate	5
PAQ 10	Family Development Credential	Staff has the appropriate education and background in ECE to provide developmentally appropriate and high quality care.	<input type="checkbox"/> As indicated in Aspire, verified with certificate	As indicated in Aspire, verified with certificate	5

Provider & Assistant Experience - 6 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
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E 1	At least 3 years of experience in any teaching position in an early care and education program	Staff has the appropriate experience in supervising a care program to manage a developmentally appropriate and high quality program.	<input type="checkbox"/> As indicated in Aspire employment tab	As indicated in Aspire employment tab	6
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Retention - 12 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
R 1	Provider has been a registered or licensed (group) family day care operator continuously for 5 or more years.	The program has maintained a healthy care environment over a long period of time.	<input type="checkbox"/> License status as indicated in Aspire	License status as indicated in Aspire	12

MANAGEMENT and LEADERSHIP

Research Rationale: There is some evidence that the implementation of program policies and procedures is related to other measures of quality and child development outcomes.

Note: For multi-site organizations, this section may need to be completed by staff in the central office. Remember that documentation must apply to the applicant site

Administrative Self-Assessment (ASA) - 10 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
ASA 1	Provider conducts a self-assessment using a tool, such as the Business Administration Scale (BAS) or the self-study for National Association for Family Child Care Accreditation (NAFCC).	Provider is systematically looking to improve the management and business practices of the family child care program.	Completed Business Administration Scale (BAS) Item Summary Form and completed BAS Profile OR <input type="checkbox"/> NAFCC Candidacy Report OR <input type="checkbox"/> NAFCC Annual Accreditation Assessment	Evidence must include: BAS Submission Requires: <input type="checkbox"/> Completed BAS Item Summary Form <input type="checkbox"/> Completed BAS Profile OR <input type="checkbox"/> NAFCC Candidacy Report OR <input type="checkbox"/> NAFCC Accreditation Assessment	5
ASA 2	Provider demonstrates progress on a plan aligned to the self-assessment.	After a program evaluation, it is important that the provider follows through on area(s) identified as needing improvement in order to improve the family child care program.	<input type="checkbox"/> Plan indicating progress made in at least 3 areas identified as needing improvement with concrete steps to make improvements in each area	Evidence must reference: <input type="checkbox"/> Plan based on self-assessment results <input type="checkbox"/> At least 3 areas needing improvement <input type="checkbox"/> Documents that indicate where changes have been made on the 3 identified areas in need of improvement	5

Financial Accountability & Sustainability (FAS) - 27 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
FAS 1	Liability insurance premium is current to date.	Even in the best homes, accidents happen. Therefore, it is imperative that family child care providers protect their family and home with appropriate, up-to-date liability insurance.	Evidence must reference program's liability and be in effect at least 1 month past the submission date. <input type="checkbox"/> Insurance declaration page OR <input type="checkbox"/> Proof of payment OR <input type="checkbox"/> Other	Evidence must reference: <input type="checkbox"/> Liability insurance certificate effective date is at least 1 month past self-study submission date	2
FAS 2	Local, state and federal taxes are paid on time.	Fiscal responsibilities, including the payment of taxes, should be maintained at all times.	Evidence must demonstrate that state and federal income taxes were paid within the previous 15 months. <input type="checkbox"/> IRS Form 990 OR <input type="checkbox"/> Proof of tax payment	Evidence must demonstrate: <input type="checkbox"/> State AND federal income taxes are PAID, such as <ul style="list-style-type: none"> ○ IRS 1040 or 941 ○ NYS IT – 201 or 45 <input type="checkbox"/> Dated within the previous 15 months	2
FAS 3	Provider has a current-year operating budget showing revenues and expenses.	Providers must plan for future expenditures by creating a regular budget for their business, separate from their family's (usually annually). Examples: Quick Book report, Calendar Keeper, accountant's report, etc.	<input type="checkbox"/> Current operating budget showing revenues and expenses	Evidence must indicate the following about the budget: <input type="checkbox"/> Related to the family child care program <input type="checkbox"/> Revenues <input type="checkbox"/> Expenses <input type="checkbox"/> Dated within the previous 15 months	3
FAS 4	Provider records income and expenses at least monthly and reviews income and expense statements, comparing actual revenues and expenses to budget quarterly.	Providers should be aware of current financial resources and expenses, in order to remain a viable business and service for families. Regular analysis of the family child care business income and expenses will help providers adjust fees, pay assistant(s), and provide materials and experiences for	<input type="checkbox"/> Quarterly financial reports	Evidence must include all of the following: <input type="checkbox"/> Quarterly (4) financial reports (unless provider operates only for 9 months/year, in which case 3 reports is sufficient) <input type="checkbox"/> Reports compare actual and projected income and expenses	4

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
		the children's learning environment.		<input type="checkbox"/> Dated within the previous 15 months.	
FAS 5	Provider has a system of record keeping that tracks incomes and expenses for tax purposes and individual cost of care.	Providers who have an effective system for tracking income and expenses, will be able to pay the appropriate amount of taxes (not too much or too little) on time. This system keeps more funds available so providers can manage expenses more effectively.	<input type="checkbox"/> Evidence of record keeping system	Evidence should include: <input type="checkbox"/> Logbook or spreadsheet <input type="checkbox"/> Dated income entries <input type="checkbox"/> Dated expense entries	4
FAS 6	Provider calculates cost of care, has goals for her own compensation, and uses both to set tuition rates.	Having an accurate understanding of the cost of care, including compensation for the provider and any assistant(s) is important for the small business, family child care home. Using this information effectively will help providers plan for the future and stay in business.	<input type="checkbox"/> Cost of care calculation sheet or printout	Evidence should demonstrate the following: <input type="checkbox"/> Cost of care calculation that includes <input type="checkbox"/> income goal, <input type="checkbox"/> estimated expenses, <input type="checkbox"/> weekly child care rate depending on number of children to be served (See Resource Guide) <input type="checkbox"/> Determination of tuition rates that align with cost of care calculation	2
FAS 7	There is an independent preparation of taxes by someone with accounting or bookkeeping expertise.	Family child care providers have many responsibilities and it is easy to make accounting errors. In order to protect your family child care business, it is important to have another person with accounting expertise prepare your tax forms.	<input type="checkbox"/> Bill/invoice from tax preparer AND <input type="checkbox"/> Tax form with preparer's signature	Evidence should indicate: <input type="checkbox"/> Tax preparer is someone other than the family child care provider <input type="checkbox"/> Tax preparer has specific knowledge of tax requirements for the small business	4
FAS 8	Provider uses technology to manage finances and enrollment, e.g., uses Minute	Technology provides a valuable time-saving tool for	<input type="checkbox"/> Enrollment or financial monitoring report(s) OR	Evidence should indicate the following:	2

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
	Menu for CACFP or automated time and attendance.	managing finances and enrollment.	<input type="checkbox"/> Minute Menu reports	<input type="checkbox"/> One print out of a report from a technology tool, such as Minute Menu, Quick Books, payroll service provider, or another management tool	
FAS 9	Provider has established procedures to market and fill open child care slots/vacancies.	Provider should have a plan in place to market open slots, so they can fill vacancies as soon as possible and have a steady source of income.	<input type="checkbox"/> Procedures used to market and fill openings AND <input type="checkbox"/> A sample of 1 tool used for marketing	Evidence must include all of the following: <input type="checkbox"/> Procedures used to market and fill openings <input type="checkbox"/> Sample of 1 tool used for marketing (e.g., bulletin, billboard sign, advertisement, business card, wait list with potential client's contact information, etc.)	4

Policies and Procedures (PP) - 27 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PP 1	Provider uses substitutes no more than 20% of the time (e.g., no more than one day per week).	It is important for family child care homes to maintain as much consistency among the adults who care for the children, so that providers can ensure the safety and well-being of children at all times and that children can feel safe and secure.	<input type="checkbox"/> Policy statement noting use of substitutes	Evidence must include the following: <input type="checkbox"/> Policy statement to families describing when substitutes are used and what qualifications and experience is needed by substitutes.	9
PP 2	Provider maintains confidentiality regarding children and family information and communicates this confidentiality policy to any family members, employees and substitutes.	Providers have a responsibility to respect and maintain confidentiality regarding children, their families, and staff.	<input type="checkbox"/> Confidentiality policy	Evidence must reference ways in which provider maintains confidentiality: <input type="checkbox"/> Policy statement to families AND <input type="checkbox"/> Policy statement to staff, both regular assistant(s) if applicable, and substitute(s),	6

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PP 3	The provider and any paid employees have professional development plans that match the <i>Core Body of Knowledge: New York State's Core Competencies for Early Childhood Educators</i> competency areas.	<p>Every provider and assistant will benefit personally and professionally from having an individual, written plan for professional development in order to gain the necessary knowledge and improve skills on all topics related to early childhood education.</p> <p>The Core Body of Knowledge (CBK) outlines recommended practices for professionals who work directly with young children. These practices offer a road map for building meaningful relationships with children, families and colleagues; for creating nurturing, stimulating environments; and for developing oneself as a professional in an incredibly important field.</p> <p>The CBK is structured to consider all areas established by NYS as being essential for early childhood educators.</p>	<p>Evidence must be provided for at least the provider and one paid assistant (if applicable) and have been completed within the previous 15 months.</p> <p><input type="checkbox"/> Core Body of Knowledge Professional Development Plans for provider and any assistant(s)</p> <p>OR</p> <p><input type="checkbox"/> Other Professional Development Plan</p> <p>AND</p> <p><input type="checkbox"/> Statement of how Plan(s) refer to the CBK competencies</p>	<p>Evidence must reference all of the following:</p> <p><input type="checkbox"/> The provider</p> <p><input type="checkbox"/> The assistant provider, if appropriate</p> <p><input type="checkbox"/> CBK Professional Development Planning Tool Plan, Paula Jorde Bloom Staff Development Action Plan, or other plan that <u>refers to at least 2 CBK areas</u></p> <p><input type="checkbox"/> Dated within the previous 15 months</p> <p><u>CBK COMPETENCY AREAS:</u></p> <ol style="list-style-type: none"> 1. Child Growth and Development; 2. Family and Community Partnerships; 3. Observation and Assessment; 4. Environment and Curriculum; 5. Health, Safety, and Nutrition; 6. Professionalism and Leadership; and 7. Administration and Management. 	12

Compensation and Benefits (CB) - 13 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
CB 1	Provider offers for self and any paid, full-time employees: (3 POINTS PER BENEFIT OPTION, UP TO 9 POINTS MAXIMUM)	Staff is provided with a comprehensive benefits package to support personal and professional needs.	<p><input type="checkbox"/> Employee handbook detailing benefits</p> <p>OR</p> <p><input type="checkbox"/> Compensation package</p> <p>OR</p> <p><input type="checkbox"/> Employee policy</p>	Evidence must reference the following to receive the maximum number of points for this standard:	3

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
	<input type="checkbox"/> 5 days of time off (sick and/or personal); <input type="checkbox"/> holidays; <input type="checkbox"/> professional development days		OR <input type="checkbox"/> Other	<input type="checkbox"/> Each benefit provided, up to 3 of the benefit options listed (3 points per benefit option, 9 points maximum)	
CB 2	Provider and any paid, full-time employees have health insurance.	Staff is provided with a comprehensive benefits package to support personal and professional needs.	<input type="checkbox"/> Health insurance card OR <input type="checkbox"/> Health insurance policy OR <input type="checkbox"/> Health care bill	Evidence must include one proof of insurance for each position: <input type="checkbox"/> For the provider <input type="checkbox"/> For any paid, full-time assistant(s), if applicable	4

Program Planning (PPL) - 13 points

CODE	STANDARD	INTENTION	DOCUMENTATION	MINIMUM REQUIREMENTS	POINTS
PPL 1	Provider spends at least one hour per week in program planning using appropriate resources such as printed materials, the internet, and curriculum-based planning tools.	Planning ahead will help the provider remain organized and ready for each and every learning opportunity, while maintaining a safe and healthy environment and sustainable business.	<input type="checkbox"/> Weekly schedule OR <input type="checkbox"/> Planning sheet OR <input type="checkbox"/> Staff schedule	Evidence should indicate the following: <input type="checkbox"/> At least one hour of scheduled planning time during regular hours of operation <input type="checkbox"/> Copy of resource(s) used for planning. A few pages showing the resource will suffice <input type="checkbox"/> Weekly schedule/planning sheet referencing the resources gathered during planning	13