











# Benchmarks to Quality



Using the Quality Standards for NAFCC Accreditation to measure Provider Progress and identify Recognition Milestones



# **Benchmarks to Quality**

Kathy Modigliani, Ed D, and Juliet Bromer of the Family Child Care Project-Wheelock College lead the development of the NAFCC Accreditation system.

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

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

Sponsored by

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













# NAFCC BENCHMARKS TO QUALITY

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### Introduction

#### **BACKGROUND**

Since the National Association for Family Child Care piloted the Quality Standards for NAFCC Accreditation in 1998, providers and accreditation projects have shared valuable feedback with NAFCC. While they agree that the standards are indicators of high quality in a family child care environment, they have also shared that it can be overwhelming for providers to know where to begin the accreditation journey. Additionally, accreditation projects and organizations supporting family child care providers tell NAFCC that they want ways to measure a provider's progress on the path to accreditation and that they would appreciate having concrete recognition points for providers.



NAFCC has developed the NAFCC Benchmarks to Quality to meet these needs. Benchmarks to Quality is designed to enhance a provider's self-study process and to identify measurable provider progress. NAFCC Benchmarks to Quality can be used during the self-study process to help providers in their planning. It suggests milestones for recognition as providers work with the Quality Standards.

Over 300 standards directly related to high quality early care and education in a family child care environment, specific provider eligibility requirements, a set of identified documentation, and explicit policies and procedures currently compose the NAFCC Accreditation Process. Of the over 300 standards, 73 have been identified as mandatory, or starred, standards that must be met by all accredited providers. The standards are divided into five content areas:

- » **RELATIONSHIPS**
- » THE ENVIRONMENT
- » DEVELOPMENTALLEARNING ACTIVITIES
- » SAFETY AND HEALTH
- » PROFESSIONAL AND BUSINESS PRACTICES

As NAFCC began the development of Benchmarks to Quality, it was obvious that a tool to help divide the accreditation process into manageable components for providers must include both the standards and all of the supporting components of accreditation. Developing a tool that only identifies steps to fully meet all of the standards would be meaningless without addressing the eligibility and documentation requirements. However, because the standards are the foundation of accreditation, it was important to NAFCC that the way the standards were separated be based in sound research practices.



#### THE RESEARCH

The original 289 standards were divided into 3 survey packets of relatively equal size -

**Packet 1** Standards from Relationships, The Environment, and Professional and Business Practices (107 standards)

Packet 2 Standards from Developmental Learning Activities (83 standards)

Packet 3 Standards from Safety and Health (99 standards)



Over 600 survey packets were distributed to accredited family child care providers, family child care providers in self-study, trained observers, accreditation project staff, and other experts in the field. Recipients were asked to classify all of the standards in the packet they received by answering two questions about each standard:

How difficult is the standard to achieve?

How important is the standard in providing quality family child care?

NAFCC received over 150 completed survey packets – a return rate of 25% – responding to those two questions. Individuals in 32 states, as well as Japan and Germany returned the survey packets. Many who responded to the survey packets shared that answering the questions was a difficult challenge. They acknowledged that all of the accreditation standards are important in high quality care and that the level of difficulty was not easily determined. A variety of factors, including the provider's experience in the field, resources available to support professional development, the availability of technical support and/or mentors, and many other factors influence how easily a provider is able to meet a particular standard.

The next step included a Delphi rating of the standards by an advisory board of experts in the field of family child care. Twenty-five individuals with both knowledge and experience in family child care considered all 289 standards during this step. The five accreditation content areas were reviewed independently. Standards from a content area were distributed to advisory board members who were then asked to rank each standard from Level 1 through Level 4. Eighty percent agreement of the respondents was necessary for a standard to be placed at a specific level. If 80% consensus was not reached on the first consideration, the process continued until each standard in a content area had an 80% agreement for its placement.

This process continued until all standards in each content area were ranked and divided into levels. Each level of *NAFCC Benchmarks to Quality* includes approximately one-fourth of the total number of standards, with 25% of the standards in each content area included.



#### **IDENTIFYING THE LEVELS**

After placement of all standards into the four levels, the final step was to divide the eligibility and documentation requirements into the four levels. Because some of these requirements need a longer time frame for completion, they were not divided into the levels equally. Each of the eligibility and documentation requirements was included in the level where it is most likely to be necessary for the accreditation process to move forward. For instance, background clearances often take a significant amount of time, so they have been included in Level 3. Achieving the required clock hours of training may require a substantial time commitment or major planning, so those hours have been divided evenly through the levels.

The choice to use four levels in the Benchmarks was not strictly a scientific decision. Providers often need 18-24 months to complete the work of self-study and to move forward in the accreditation process. Both the advisory board and NAFCC Accreditation staff discussed the benefits of dividing the process into either three or four levels. While there were sound arguments for both possibilities, using four levels resulted in the need for fewer standards to be included at each level. The potential benefit to providers of using smaller increments fits well with the original intention of using NAFCC Benchmarks to Quality to help make the complete accreditation process more manageable. Providers can move forward as quickly as they like, but for those who may need more time the process seems less complex.





#### WHY USE NAFCC BENCHMARKS TO QUALITY?

The four levels of the NAFCC Benchmarks to Quality include both the Quality Standards and other specific requirements of the accreditation process. The levels build upon one another and allow providers to complete self-study at their own pace.

Each level offers a researched measure of progress. Providers can begin by using Benchmarks to establish a baseline and develop a quality improvement plan based on the standards that are assessed as less than fully met. As they move forward, using the Benchmarks to Quality can offer a measurement of how much work is left to complete self-study and quality improvements. Benchmarks to Quality offers accreditation supporters a way to recognize and acknowledge the work a provider has completed.

Providers can use NAFCC Benchmarks to Quality as a self-improvement tool. Individual providers can do a self-assessment using all four levels when beginning the accreditation journey. Information about which standards are already fully met or which standards require additional time and work to complete will help providers develop quality improvement plans and set specific goals for use during the self-study process. Using the Provider Recap Sheets will help give an individual provider a clear picture of how many standards are met when the process begins and how long it takes to show movement in meeting standards or levels. A provider should be ready to proceed to Application for NAFCC Accreditation when:

- » all four levels of Benchmarks to Quality have been completed
- » all standards have been fully met in each level
- » all eligibility and documentation requirements are complete.

When all four levels have been completed, all standards have been fully met in each level, and all eligibility and documentation requirements are complete, a provider should be ready to proceed in the NAFCC Accreditation process. The observation visit and decision by NAFCC complete the accreditation process for each provider. When a provider is awarded accreditation by NAFCC, updates are required in order maintain that status.

All of the Quality Standards are important. NAFCC Benchmarks to Quality is offered simply as a tool to help divide the process into manageable components, set quality improvement goals, and offer ways to recognize provider achievement. For instance, communities might use NAFCC Benchmarks to Quality as part of their process in identifying common professional development goals for family child care providers. Family child care support networks might use each level as an opportunity to recognize the work of individual providers. NAFCC Benchmarks to Quality could be used at a Provider Appreciation Day or community recognition night to acknowledge providers at the different levels for their commitment to improving the quality of their programs and for their continuing work in professional development.

By using the Provider Recap Sheets, accreditation projects could use NAFCC Benchmarks to Quality to offer both a picture of individual provider progress toward accreditation and a group tracking tool identifying continuous quality improvement. Mentors, coaches, or technical assistants might use NAFCC Benchmarks to Quality to help providers develop quality improvement plans and to set specific individual goals for each provider. This information will be helpful in planning group training and in developing specific community-based techniques to approach mentoring and coaching. NAFCC is confident that both providers and communities will continue to identify a myriad of ways to use NAFCC Benchmarks.



### Acknowledgements

Many people have contributed to NAFCC Benchmarks to Quality. Beverly Schmalzried, Ph.D., guided the research and spent untold hours reviewing surveys, input, and suggestions from many volunteers. An advisory board including NAFCC Accredited family child care providers, accreditation observers, trainers, NAFCC Board Members, and other experts in the field assisted in the development of the materials. Individuals from 32 states, and Japan and Germany, responded to surveys and provided feedback during the process. NAFCC is grateful for all of these contributions. Thank you to the following individuals for their involvement:

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### TIPS FOR USING **NAFCC Benchmarks to Quality**

#### FOR PROVIDERS

In keeping with NAFCC's philosophy of "many right ways," there is not just one way to use this tool. NAFCC expects that communities will customize the tool and use it to meet their specific needs. It has been designed to be user friendly, with space to record dates or make notes. The document can be kept in the Provider Guide to Achieving Accreditation (Also known as the Self-Study Kit or binder) so that it is readily available.

Many providers already meet standards in each level of the NAFCC Benchmarks to Quality. To establish a baseline, begin with an initial assessment using all four levels of Benchmarks to Quality. Each standard includes space for a score of either **Not Met** – **NM** or **Fully Met** – **FM**. Space is also included to date each time the tool is used and to make notes about plans or progress for each standard. Providers might also use the back of each page for additional notes or reminders.

After a baseline observation has been completed, the provider should develop a quality improvement plan that addresses how he or she plans to meet the standards marked as "Not Met." This quality improvement plan should guide the changes the provider makes in the family child care program and the work that must be done to score each standard "Fully Met." While the quality improvement will likely include standards from all levels and a provider might work on all of the levels simultaneously, a level is considered complete only when all standards and all process requirements in that level are fully met on a consistent basis. A provider's "level" is the lowest identified level at which all standards and all process requirements are fully met. For example, a provider may meet all the standards in Level 2, but may have yet to complete a process requirement in Level 1. That provider would be identified as working on Level 1.

Additionally, Provider Profile Sheets are included at the end of the document. These Profile Sheets can be used to record progress at each level. Providers may want to make multiple copies of the Provider Profile Sheet as a visual record of the accreditation journey. A quick glance at these sheets will show how many standards were fully met the first time the tool was used, how many standards were Not Met and required additional time for completion, and how quickly providers moved from Not Met to Fully Met on a particular standard. It will also help chart progress and see how quickly one moved from level to level so that one can estimate how much additional time is likely required before completing the self-study phase of accreditation. It gives a way to gauge growth and helps recognize when goals have been met and when it is time to set new goals. Because the goal of NAFCC Accreditation is to support high quality care, it is important for providers to be thoughtful in this reflection and to ensure that the standards are embedded in everyday practice in their family child care programs. Accreditation should be a standard of operation and should demonstrate the quality of care that parents can count on every day. NAFCC encourages family child care providers to be accredited, not simply to get accredited.



### Tips for using **NAFCC Benchmarks to Quality**

#### FOR PROVIDERS continued

Providers should be prepared to spend adequate time assessing their program when they begin using NAFCC Benchmarks to Quality. It is important to carefully consider both the intention of the standard and whether the standard is Fully Met or Not Met. To evaluate if a standard is Fully Met, one should be able to describe what it looks like when he or she meets that standard, how someone else would be able to tell by observing the program that the standard is met, and why the standard is important in providing high quality family child care. This is an important part of self-study and requires reflection time.

#### FOR OTHERS

As mentioned in the Introduction, there are many ways for communities to use NAFCC Benchmarks to Quality in their work. Because NAFCC expects that both providers and community organizations may use the tool, some of the following suggestions have already been outlined in the preceding section for providers. Whether the document is used as a formal recognition of provider professional development and a way to chart provider progress, or as an information tool to help providers achieve accreditation with coaches and mentors, it is important that the family child care community know what is expected. When the tool is used as part of recognition activities, providers should understand whether an outside entity uses the tool as part of an observation or if less formal reporting is sufficient. If the tool is used to identify community goals for professional development, family child care providers need to be included in planning such activities. NAFCC Benchmarks to Quality can be a strong incentive for quality improvement in family child care programs when providers understand and support how the tool is used and how decisions about the tool are made locally.

NAFCC Benchmarks to Quality has been designed to be easy to use. It is spiral bound and printed in a landscape design so that note taking is easy to complete. Printing each page on only one side and including large margins allows ample space for note taking during observations. Specific space is included for dating observations and the provider profile sheets offer one method to record progress between observations.

Many providers already meet standards in each of the four levels of NAFCC Benchmarks to Quality. NAFCC encourages establishing a baseline by completing an initial assessment that includes all four levels of the tool. Each standard includes a space to record either **NM** for **Not Met** or **FM** when a standard is **Fully Met**. Space is also included with each standard to record the date of the observation, as well as any notes for reference.



### TIPS FOR USING **NAFCC Benchmarks to Quality**

#### FOR OTHERS continued

Provider Profile Sheets, included after Level 4, might be used as a way to measure provider progress at each level. A review of the Provider Profile Sheets will give a picture of which standards are not fully met, how quickly a provider moves from Not Met to Fully Met, and how much time might be required to fully meet all standards and process requirements in a step. The Provider Profile Recap Sheet includes the number of standards in each level, tells how many of those are mandatory standards, and provides a space to record how many standards a provider fully meets. It is important to remember that while providers may already fully meet standards and/or process requirements in all four levels, a level is considered complete only when all standards and all process requirements in that level are Fully Met on a consistent basis. A provider's "level" is the lowest identified level at which all standards and all process requirements are Fully Met. For example, a provider may meet all the standards in Level 2, but may have yet to complete a process requirement in Level 1. That provider would be identified as working on Level 1.

The Provider Profile Recap Sheet might also be used to identify exactly where an individual provider is in meeting all of the standards in a specific level, as well as the standards in all four levels. It could offer a more formal scale for recognizing provider achievement.



# NUMERICAL SUMMARY OF QUALITY STANDARDS NAFCC BENCHMARKS TO QUALITY

This overview provides a recap of where each standard has been placed in the levels. It offers a summary by content area of where each numerical standard can be found in the **NAFCC BENCHMARKS TO QUALITY** document.

RELATION	SHIPS				
STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
1.1	•				REQUIRED STANDARD
1.2	•				
1.3	•				
1.4		•			REQUIRED STANDARD
1.5	•				REQUIRED STANDARD
1.6				•	
1.7		•			
1.8		•			
1.9	•				REQUIRED STANDARD
1.10	•				REQUIRED STANDARD
1.11	•				REQUIRED STANDARD
1.12				•	
1.13				•	
1.14	•				
1.15		•			
1.16				•	
1.17		•			
1.18			•		
1.19			•		
1.20	•				
1.21			•		
1.22			•		
1.23			•		
1.24			•		
1.25				•	
1.26			•		
1.27				•	
1.28			•		
1.29	•				



# NUMERICAL SUMMARY OF QUALITY STANDARDS NAFCC BENCHMARKS TO QUALITY

THE ENVIR	RONMENT	Г									
STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS	STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	С
2.1		•				2.21		•			
2.2	•					2.22		•			
2.3				•		2.23		•			
2.4	•					2.24				•	
2.5	•					2.25			•		
2.6	•					2.26	•				
2.7				•		2.27				•	
2.8				•		2.28			•		
2.9		•				2.29			•		
2.10		•				2.30	•				
2.11		•				2.31			•		
2.12				•		2.32		•			
2.13		•				2.33			•		
2.14				•		2.34				•	
2.15		•				2.35			•		
2.16				•		2.36			•		
2.17				•		2.37				•	
2.18				•		2.38			•		
2.19				•		2.39				•	
2.20		•						•			



## Numerical Summary of Quality Standards Nafcc benchmarks to quality

DEVELOPM	ENTAL L	EARNING	ACTIVI	TIES	
STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
3.1	•				REQUIRED STANDARD
3.2	•				
3.3	•				
3.4			•		
3.5		•			
3.6			•		
3.7				•	
3.8				•	
3.9				•	
3.10				•	
3.11			•		
3.12		•			
3.13				•	
3.14			•		
3.15				•	
3.16		•			
3.17	•				
3.18	•				
3.19	•				
3.20		•			
3.21		•			
3.22				•	
3.23	•				REQUIRED STANDARD
3.24	•				
3.25			•		
3.26			•		
3.27	•				
3.28	•				
3.29		•			
3.30		•			

STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
3.31				•	
3.32			•		
3.33		•			REQUIRED STANDARD
3.34			•		
3.35		•			
3.36				•	
3.37			•		
3.38		•			
3.39			•		
3.40				•	
3.41				•	
3.42				•	
3.43			•		
3.44				•	
3.45				•	
3.46		•			
3.47	•				
3.48			•		
3.49				•	
3.50	•				
3.51		•			
3.52	•				
3.53	•				
3.54			•		
3.55	•				REQUIRED STANDARD
3.56		•			REQUIRED STANDARD
3.57	•				REQUIRED STANDARD
3.58	•				
3.59			•		
3.60			•		



# NUMERICAL SUMMARY OF QUALITY STANDARDS NAFCC BENCHMARKS TO QUALITY

DEVELOPM	ENTAL L	EARNING	ACTIVI	TIES	
STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
3.61				•	
3.62			•		
3.63		•			
3.64	•				REQUIRED STANDARD
3.65			•		
3.66		•			
3.67			•		
3.68	•				REQUIRED STANDARD
3.69	•				REQUIRED STANDARD
3.70			•		
3.71		•			
3.72				•	
3.73				•	
3.74			•		
3.75		•			
3.76		•			
3.77				•	
3.78				•	
3.79		•			
3.80				•	
3.81				•	
3.82			•		
3.83		•			
3.84		•			
3.85			•		
3.86				•	
3.87				•	
3.88				•	



# Numerical Summary of Quality Standards NAFCC BENCHMARKS TO QUALITY

SAFETYAN	SAFETYANDHEALTH										
STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS						
4.1	•				REQUIRED STANDARD						
4.2	•				REQUIRED STANDARD						
4.3	•				REQUIRED STANDARD						
4.4	•				REQUIRED STANDARD						
4.5	•				REQUIRED STANDARD						
4.6	•										
4.7			•								
4.8											
4.9											
4.10			•								
4.11				•							
4.12	•				REQUIRED STANDARD						
4.13		•			REQUIRED STANDARD						
4.14	•				REQUIRED STANDARD						
4.15				•							
4.16			•		REQUIRED STANDARD						
4.17	•				REQUIRED STANDARD						
4.18	•				REQUIRED STANDARD						
4.19	•										
4.20	•				REQUIRED STANDARD						
4.21	•										
4.22	•				REQUIRED STANDARD						
4.23			•								
4.24	•				REQUIRED STANDARD						
4.25				•							
4.26				•							
4.27			•								
4.28			•								
4.29		•			REQUIRED STANDARD						
4.30					REQUIRED STANDARD						

STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
4.31	•				REQUIRED STANDARD
4.32				•	
4.33	•				
4.34	•				REQUIRED STANDARD
4.35	•				
4.36			•		
4.37				•	
4.38	•				REQUIRED STANDARD
4.39		•			REQUIRED STANDARD
4.40			•		REQUIRED STANDARD
4.41			•		REQUIRED STANDARD
4.42		•			REQUIRED STANDARD
4.43		•			
4.44		•			
4.45		•			
4.46			•		
4.47	•				REQUIRED STANDARD
4.48		•			
4.49			•		
4.50				•	
4.51	•				
4.52		•			REQUIRED STANDARD
4.53				•	
4.54		•			
4.55		•		_	
4.56				•	
4.57				•	
4.58				•	
4.59			•		
4.60		•			



# Numerical Summary of Quality Standards NAFCC BENCHMARKS TO QUALITY

SAFETYAN	DHEALT	Н			
STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
4.61		•			
4.62			•		REQUIRED STANDARD
4.63				•	
4.64			•		REQUIRED STANDARD
4.65	•				REQUIRED STANDARD
4.66		•			
4.67				•	
4.68			•		
4.69			•		
4.70			•		
4.71		•			REQUIRED STANDARD
4.72				•	
4.73	•				REQUIRED STANDARD
4.74		•			REQUIRED STANDARD
4.75			•		
4.76		•			
4.77	•				REQUIRED STANDARD
4.78	•				REQUIRED STANDARD
4.79			•		
4.80		•			REQUIRED STANDARD
4.81	•				REQUIRED STANDARD
4.82		•			
4.83	•				
4.84				•	
4.85	•				
4.86		•			

STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
4.87			•		
4.88				•	
4.89				•	REQUIRED STANDARD
4.90			•		REQUIRED STANDARD
4.91	•				REQUIRED STANDARD
4.92	•				REQUIRED STANDARD
4.93	•				REQUIRED STANDARD
4.94				•	
4.95			•		
4.96			•		
4.97		•			REQUIRED STANDARD
4.98		•			
4.99					
4.100					
4.101				•	
4.102		•			
4.103				•	
4.104				•	
4.105			•		
4.106	•				REQUIRED STANDARD
4.107	•				
4.108				•	REQUIRED STANDARD
4.109			•		REQUIRED STANDARD
4.110			•		REQUIRED STANDARD
4.111			•		REQUIRED STANDARD
4.112		•			



## Numerical Summary of Quality Standards Nafcc benchmarks to quality

PROFESSIONAL AND BUSINESS PRACTICES										
STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS					
5.1	•				REQUIRED STANDARD					
5.2				•						
5.3	•				REQUIRED STANDARD					
5.4										
5.5	•				REQUIRED STANDARD					
5.6	•				REQUIRED STANDARD					
5.7		•			REQUIRED STANDARD					
5.8				•						
5.9				•						
5.10		•								
5.11				•						
5.12	•				REQUIRED STANDARD					
5.13				•						
5.14				•						
5.15		•								
5.16			•							
5.17	•									
5.18		•								
5.19			•							
5.20	•				REQUIRED STANDARD					
5.21			•							

STANDARD	LEVEL1	LEVEL 2	LEVEL3	LEVEL4	COMMENTS
5.22		•			
5.23		•			
5.24				•	
5.25			•		
5.26	•				REQUIRED STANDARD
5.27		•			REQUIRED STANDARD
5.28		•			
5.29					
5.30			•		
5.31		•			
5.32				•	
5.33			•		
5.34				•	
5.35			•		
5.36					
5.37			•		
5.38			•		
5.39		•			REQUIRED STANDARD
5.40	•				REQUIRED STANDARD
5.41			•		REQUIRED STANDARD
5.42		•			



### Numerical Summary of Process Requirements Nafcc benchmarks to quality

This overview provides a recap of where each process requirement has been placed in the levels. It offers a summary by content area of where each numerical process requirement can be found in the **NAFCC BENCHMARKS TO QUALITY** document.

PRO	CESS REQUIREMENT					
		LEVEL1	LEVEL2	LEVEL3	LEVEL 4	COMMENTS
P1	Have High School Diploma or GED (or NAFCC has granted waiver of this requirement.)	•				
P2	Design quality improvement plan based on quality standards marked as not met during baseline benchmark observation.	•				
P3	Design a professional development plan based on professional growth requirements and accreditation training requirements.	•				
P4	Begin quality improvements.	•				
P5	Work to complete at least 25% of the required clock hours of family child care related training; 120 for the initial accreditation OR 90 for re-accreditation. NAFCC accepts up to 28 hours of training received in workshops 2 hours or less in length for accreditation. For reaccreditation, 45 hours of training must be comprised of CEUs, college courses, and/or degrees.	•				
P6	Submit fingerprints for state background checks for provider, co-provider, assistants, substitutes, and adults living in the family child care home (as applicable). Completed checks must be dated within 3 years of a complete application submission. If self-study will take provider up to 2 years, consider waiting to work on this until Level 2. If licensing completes state background checks that also meets our requirements, no additional checks are needed. Check with NAFCC if you are	•				



PRO	CESS REQUIREMENT					
		LEVEL1	LEVEL2	LEVEL3	LEVEL4	COMMENTS
P7	Submit fingerprints for federal background checks for provider, co-provider, assistants, substitutes, and adults living in the family child care home (as applicable). Completed checks must be dated within 3 years of a complete application submission. If self-study will take provider up to 2 years, consider waiting to work on this until Level 2. If licensing completes federal background checks that also meets our requirements, no additional checks are needed. Check with NAFCC if you are unsure.	•				
P8	Continue membership in NAFCC.		•			
<b>P9</b>	Continue making quality improvements.		•			
P10	Continue with family child care related training so at least 50% of the requirement is complete.		•			
P11	Follow-up with background checks as needed.		•			
P12	Continue membership in NAFCC.			•		
P13	Provide care to children for a minimum of 15 hours per week.			•		
P14	Provide care for at least 3 children. At least one child must live outside my home.			•		
P15	Meet the highest level of regulation available in my state to operate a family child care program and be in compliance with all regulations of my authorized licensing body.			•		
P16	Continue with family child care related training so at least 75% of the requirement is complete.			•		
P17	Make appointments to have health assessments completed for provider, co-provider, assistants, and substitutes (as applicable). Completed assessments must be dated within 2 years of a complete application submission. There is an NAFCC form for these, however they are not required if provider has this type of assessment done for other requirements, such as licensing. If provider chooses to submit an assessment completed for other reasons, compare it to our form to make sure it has the information needed.			•		



PRO	CESS REQUIREMENT					
		LEVEL1	LEVEL2	LEVEL3	LEVEL4	COMMENTS
P18	Make appointments to have TB screenings completed for provider, co-provider, assistants, and substitutes (as applicable). Completed screenings must be dated within 2 years of a complete application submission. There is an NAFCC form for these, however they are not required if provider has this type of screening done for other requirements, such as licensing. If you choose to submit a screening completed for other reasons, compare it to our form to make sure it has the information needed.			•		
P19	Schedule first aid and pediatric CPR classes as needed for provider, co-provider, assistants, and substitutes (as applicable). Certifications must be current at time of complete application submission.			•		
P20	Follow-up with background checks as needed.			•		
P21	Have at least 12 months experience as a family child care provider.				•	
P22	Continue with family child care related training so at least 100% of the requirement is complete.				•	
P23	Be at least 21 years of age.				•	
P24	Verify that health assessments are dated within 2 years.				•	
P25	Verify that TB screenings are dated within 2 years.				•	
P26	Verify first aid and CPR certifications are current.				•	
P27	Verify state and federal background checks are dated within 3 years.				•	
P28	Complete training log and compile training certificates, training registry, and/or transcripts. Official transcripts are not required.				•	
P29	Verify license is current.				•	
P30	Verify NAFCC membership is current.				•	



PRO	PROCESS REQUIREMENT										
		LEVEL1	LEVEL2	LEVEL3	LEVEL4	COMMENTS					
P31	Complete application and include all required eligibility documentation. Refer to application for a complete checklist.				•						
P32	Include payment with application. If an agency is paying accreditation fees, ensure appropriate documents are included. If there is no payment documentation to include from this agency, verify with NAFCC that payment was received.				•						



Information about designing quality improvement plans or professional

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

STANDARD

**LEVEL 1** 

Check the box marked **NM** if the standard is **less than fully met**. Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

RELAT	IONSHIPS	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
1.1*	The provider cares about, respects, and is committed to helping each child develop to his or her full potential.						
1.2	<b>Updated 2017</b> The provider is responsive to the needs of children and respects their individual needs for comfort to ensure that their well-being is met.						
1.3	Updated 2017 The provider holds or carries infants frequently, depending on their individual preferences as shown by expressions of discomfort, such as crying or fussing, as well as their expression of well-being, such as smiling and cooing, as well as their body language of settling in or pulling away.						
1.5*	<b>Updated 2017</b> The provider observes and documents children's abilities and behavior, including but not limited to, verbal, non-verbal, and body language. The provider uses this information to coordinate and adapt activities, routines, and interactions to meet the needs of each individual child.						
1.9*	Updated 2017 No form of physical punishment or humiliation is ever used by the provider, or anyone who comes in contact with children in the family child care home (FCCH). Children are never yelled at, bullied, criticized, shamed, teased hurtfully, threatened, or physically roughed in any way.						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

STANDARD

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

STANDARD						It is time to move to Level 2
RELATIONSHIPS	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
<b>1.10*</b> The provider encourages parents to visit any time their children are present.						
<b>1.11*</b> The provider is available to communicate with parents when children are present, or regularly checks for messages from parents.						
1.14 The provider keeps parents informed about how their children are spending their time in care.  This happens daily for infants and toddlers and at least weekly for older children.						
<b>1.20</b> The provider supports children in identifying and describing their own feelings and those of others.						
<b>1.29</b> Provider and parents work together on issues such as guidance/discipline, eating, toileting, etc.; always keeping in mind the best interest of the child.						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

STANDARD

THE	ENVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
2.2	<b>Updated 2017</b> The environment is arranged so children can use what they can reach most of the time.						
2.4	The home has adequate ventilation and room temperature between 68-90°(F). If the temperature is over 90°(F), air conditioning or safe fans are used.						
2.5	<b>Updated 2017</b> Areas where children read, make art, or play with manipulatives have enough light for children and adults to see and to accomplish the different tasks in each area. There are areas in the child care environment with soft or natural light. There are areas where infants can lie on their backs and look up into lighting that is not bright nor harsh.						
2.6	Updated 2017 The home does not smell of urine, feces, garbage, pets, tobacco smoke, air deodorizers, mildew, cleaning products, nor other fumes.						
2.26	No toy guns or other weapons are offered as play options. Material that is violent, sexually explicit, stereotyped, or otherwise inappropriate for children is not available.						
2.30	Art materials are non-toxic.						

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

STANDARD

DEVEL	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.1*	<ul> <li>Children have opportunities to make choices and explore their own interests.</li> <li>They direct their own free play for at least ½ hour at a time, totaling at least one hour in each half day.</li> <li>Free play may occur indoors or outdoors.</li> </ul>						
3.2	Children are engaged in learning experiences most of the time. Their faces often reflect concentration.						
3.3	<b>Updated 2017</b> The provider supports and extends children's self-directed play as well as offering learning experiences and materials that are appropriate for, and extend, the abilities and interests of the children.						
3.17	<b>Updated 2017</b> The provider supports children's play, without dominating it, by simply observing, offering materials, joining in, or making gentle suggestions as needed.						
3.18	<b>Updated 2017</b> The provider plays interactive games with children, especially with infants and toddlers. (Interactive games include imitating infants' sounds, peek-a-boo, call and response rhymes, Simon Says, and card or board games).						
3.19	Except for necessary routines and transitions, the provider encourages but does not force children into activities. Most of the time, children can move in and out of an activity, stand and watch, or choose not to participate at all.						
3.23	<b>Updated 2017</b> *The provider greets children and parents warmly every day. Upon arrival, based on the child's needs, the provider helps the child become engaged in what is happening, or provides a quiet place until they are ready to be engaged.						

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

NAFCC Accreditation or may be available from a local resource.

STANDARD

DEVELO	DPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.24	The provider helps children and parents to cope with separation at drop-off and pick-up times.						
3.27	Infants and toddlers can nap when they are sleepy. If needed, the provider helps them fall asleep through rocking, patting, and/or soft music.						
3.28	The provider talks to infants and toddlers throughout the day during transitions and routines about what is happening in the moment.						
3.47	<b>Updated 2017</b> The provider assures that children and their families are treated fairly. All children and families are included in activities regardless of race, gender, ethnicity, sexual orientation, religion, or ability. Girls and boys have equal opportunities to take part in all activities and use all materials.						
3.50	The provider supports children in their growing self-awareness and self-acceptance.						
3.52	The provider accepts children's emotional needs and see-sawing demands for both dependence and independence.						
3.53	<b>Updated 2017</b> The provider is accepting of each child and does not criticize, tease, bully, or allow criticizing, teasing, or bullying to take place in the family child care home. Especially when children make mistakes.						
3.55*	Children are engaged in large motor activities for at least 30 minutes in each half day either indoors or outdoors. These activities may occur at one time or may be accumulated during each half day.						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

STANDARD

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

DEVELOPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.57* Children have daily opportunities for developmentally appropriate small-motor activities, such as grasping, scribbling, cutting with scissors, buttoning, tying shoes, using art materials, or playing with manipulatives.						
<b>3.58</b> Children, especially infants and toddlers, have rich experiences throughout the day using their sensesseeing, hearing, tasting, smelling, and touching.						
3.64* The provider takes time every day for meaningful conversation with each child. The provider takes an interest in and responds positively to infants' vocalizations and imitates their sounds.						
3.68* Updated 2017 The provider reads to all children for at least 15 minutes during each half day.  Books are used to stimulate conversation that expands upon children's interests and imagination, to build vocabulary, or to introduce new ideas and information.						
<ul> <li>If the children or infants have short attention spans and can't attend to the stories, reading time can occur in brief moments and be comprised of showing and talking about the pictures, colors, and textures in the book.</li> </ul>						
<ul> <li>Children who can read independently spend at least ½ hour in each ½ day engaged in literacy activities (such as reading, writing, listening to stories, or performing plays).</li> </ul>						
<b>3.69* Updated 2017</b> Children of all ages have access to age appropriate books every day. The provider encourages children to look at or read books on their own. The provider teaches children to take care of books as needed.						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

It is time to move to Level 2.

#### STANDARD

SAFET	YANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.1*	Children under the age of 3 are in the provider's line of sight always, except when attending to personal needs for up to 5 minutes. The provider assures the safety of all children while attending to her personal needs.						
4.2*	Children age 3 and older may be out of the provider's line of sight for short periods of time, if the provider is close by and listens carefully to assure all children are safe.						
4.3*	Children under the age of 6 are never inside or outside by themselves. When children are inside, the provider is inside. When children are outside, the provider is outside.						
4.4*	<ul> <li>When children are sleeping:</li> <li>The provider can hear them (monitors are permitted)</li> <li>The provider visually checks on infants under the age of 8 months every 15 minutes (visual monitors are not permitted as a substitute for a visual check).</li> <li>The provider's own children may sleep in their own bed regardless of age.</li> </ul>						
4.5*	The provider is particularly careful supervising children in high risk activities including, but not limited to, swimming, water play, woodworking, cooking, field trips, and other pursuits that could be potentially dangerous to the children involved.						

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

STANDARD

NAFCC A	ccreditation	or may b	oe available	from a lo	cal resource

SAFETY	/ANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.6	Children are not left in equipment that restrains their movement for more than 20 minutes at a time, and no more than half the time in care, except when eating or sleeping. Such equipment includes, but is not limited to, cribs, play pens, swings, baby seats, high chairs, and exercisers. Back and front packs are excluded.						
4.12*	<ul> <li>Updated 2017*If children are transported in the provider's vehicle:</li> <li>Seatbelts are used, at all times, by all passengers</li> </ul>						
	<ul> <li>and the driver when transporting children</li> <li>All vehicle restraint systems used meet the Federal Motor Vehicle Safety Standards contained in the Code of Federal Regulations, Title 49, Section 571.213</li> </ul>						
	<ul> <li>Excluding public transportation, all vehicle restraint systems used, including car seats, booster seats, and seat belts, are approved for the height and weight of the child using them, and has been properly installed and fitted according to the instructions of both the vehicle and the restraint system manufacturers</li> </ul>						
	<ul> <li>Infants, toddlers, preschoolers, and children under age 12 do not sit in the front seat</li> <li>Children are never left unattended in a vehicle.</li> </ul>						
<b></b>							
4.14*	There is a working telephone, and emergency phone numbers are easy to access by all caregivers.						
	Emergency phone numbers include parents' daytime numbers or the local emergency numbers for:						
	<ul> <li>ambulance, police, and fire department</li> <li>poison control</li> <li>a nurse, doctor, or other medical consultant</li> <li>an emergency back-up caregiver</li> </ul>						
	• two back-up contacts for each child						

STANDARD

SAFETYANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
<b>4.17*</b> Flammable materials, including matches and lighters, are kept out of children's reach, and are not stored in areas used for child care.						
4.18* Updated 2017 Equipment and materials, indoors and outdoors, are safe for the ages and ability of the children who use them, and in good repair. There are no sharp points, rough edges, peeling paint, or missing parts.						
4.19 <b>Updated 2017</b> If high chairs or boosters are used, they have a wide base or are securely attached to a table or another chair. The chair has a T shaped restraint/harness that is fastened every time they are used, unless the child is able to get in and out of the seat independently or the seat is used according to manufacturer's recommendations for age and weight.						
<b>4.20* Updated 2017</b> Heavy furniture, climbing equipment, swings, and slides are stable or securely anchored.						
<b>4.21 Updated 2017</b> Sufficient cushioning materials are placed under all climbers, swings, and slides over 36 inches high, both indoors and outdoors.						
<b>4.22* Updated 2017</b> There are no movable infant walkers or saucers.						
<b>4.24* Updated 2017</b> If there is a toy chest, it has safety hinges and air holes, or there is no lid.						

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

NAFCC Accreditation or may be available from a local resource.

STANDARD

SAFETYANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.30* Updated 2017 Poisonous items are kept in a locked or out-of-reach location.						
Poisonous items include, but are not limited t	o:					
<ul> <li>medications</li> </ul>						
<ul><li>poisons</li></ul>						
<ul> <li>alcoholic beverages</li> </ul>						
• tobacco						
<ul> <li>pesticides</li> </ul>						
<ul> <li>cosmetics</li> </ul>						
<ul> <li>cleaning supplies</li> </ul>						
<ul> <li>air fragrance products</li> </ul>						
• pet food and pet care products						
<b>4.31*</b> Weapons and firearms are in a locked place inaccessible to the children. Firearms are kep unloaded and ammunition is stored in a separ locked place.						
<b>4.33</b> If there are children under the age of 3, toys of objects less than 1 ½ inches in diameter and 2 inches in length are kept out of reach.						
4.34* Updated 2017 Children are never left alone of changing table. The provider keeps one hand the child or diapering occurs on a non-porous on the floor.	on					
<b>4.35</b> Infants under 1 year of age are placed on their backs for sleeping.	r					

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

NATI GO Accreditation of may be available from a local resour

STANDARE							It is time to move to Level 2
SAFETY	AND HEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.38*	Updated 2017 Working smoke, fire, and carbon monoxide detectors are properly installed according to manufacturer's instructions. Smoke and fire devices are on each floor of the home. Smoke and fire devices and carbon monoxide detectors are adjacent to or where children sleep. Monthly maintenance checks of all equipment are conducted and recorded, including batteries being changed annually or as needed.						
4.47*	Every electrical outlet within children's reach is covered with a choke-proof, child-resistant device or otherwise "child proof".						
4.51	Secure and safe gates or barriers close off access to all stairs adjoining areas used for children under the age of 4. There are no pressure gates or accordion gates with openings large enough to entrap a child's head. Safety gates are hardware installed and can be easily opened by adults in an emergency.						
4.65*	<b>Updated 2017</b> If a crib, porta-crib, or playpen is used, it meets current federal safety standards.						
4.73*	<ul> <li>Updated 2017 If there is a swimming pool:</li> <li>It is inaccessible to children except when supervised by more than one adult, one of whom is a certified lifeguard.</li> <li>It has a barrier such as a gate or door which is locked when the pool is not in use.</li> <li>In-ground: it is surrounded by a barrier at least 4 feet above grade that children cannot climb.</li> <li>Above-ground: pool sides are at least 4 feet high and the ladder is locked or removed when not in use.</li> <li>Life-saving equipment is located nearby.</li> </ul>						

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

STANDARD

SAFETYANDHEAL	тн	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
alcohol, o	d 2017 Smoking of any kind, drinking or using marijuana does not take place in nee of children or on the premise during the hours.						
administe the origin name. W followed. of the pa prescribe Non-pres with both from a pa any medi medicatio prescripti	d 2017 Prescription medication is only and label intact, listing the child's ritten prescription directions are always. The provider obtains written permission arent and administers medications as ad by the child's heath care professional. Scription remedies may be administered in written directions and permission arent or guardian. The first dose of acation, including prescribed ons, topical ointment, and other non-tion remedies, is first administered of the child care.						
stored, pr safe and s cubes no	d 2017 Food, including breast milk, is repared, and served to children in a sanitary manner. Solid food is cut into larger than 1/4 inch for infants and for toddlers.						
perishabl Infant fo: If powde original c is labeled preparati	rents bring in food for their child, e items are refrigerated immediately. rmula is in factory-sealed containers. red formula is used, it is brought in its container. All food brought by parents I with the child's name and date of on. Breast milk is labeled with the date it was expressed.						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

NAFCC Accreditation or may be available from a local resourc STANDARD

SAFETY	/ANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.85	<b>Updated 2017</b> Children's food allergies and special diet information are posted in the food preparation and/or eating areas in a manner that will both accurately and efficiently identify the child while maintaining confidentiality to visitors. If there are no children with food allergies or special diets enrolled, notification is posted in the food preparation and/or eating areas: "There are no children with food allergies enrolled at this time".						
4.91*	<b>Updated 2017</b> The provider feeds infants when they are hungry.						
4.92*	<b>Updated 2017</b> Infants under the age of eight months are held when bottle fed, and beyond eight months if the child is unable to hold the bottle. Bottles are never propped. Infants over eight months sit while holding their own bottles.						
4.93*	<b>Updated 2017</b> The provider is attentive and responsive to infants during feeding.						
4.99	<b>New 2017</b> Toothbrushes are stored in a manner that prevents the bristles from coming into contact with one another, or dripping on one another.						

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

NAFCC Accreditation or may be available from a local resource.

STANDARD

					It is time to move to Level 2	
NM	FM	DATE/NOTES	NM	FM	DATE/NOTES	
	NM	NM FM	NM FM DATE/NOTES	NM FM DATE/NOTES NM	NM FM DATE/NOTES NM FM	

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

NAFCC Accreditation or may be available from a local resource.

STANDARD

It is time to move to Level 2.

5.7. H.S. H.S						it is time to move to Level 2
SAFETYANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
<ul> <li>4.107 Updated 2017 Children's hands are washed with soap and running water and dried with individual disposable or single use cloth towels at the following times:</li> <li>Upon arrival</li> <li>Before and after: handling food or playing in water or with sand, or play dough that is used</li> </ul>						
by more than one person  • After: toileting, diapering, contact with bodily fluids, handling animals, cleaning, handling garbage, and playing outdoors						
<ul> <li>Alcohol-based hand sanitizer is a suitable alternative for children over the age of 24 months only when running water is unavailable.</li> <li>Pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with soap and water.</li> </ul>						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

NAFCC Accreditation or may be available from a local resource.

STANDARD

It is time to move to Level 2.

PROFE	SSIONAL AND BUSINESS PRACTICES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
5.1*	The provider's attention is focused on children. Phone use, errands, or personal interests do not take priority over children's needs. The provider does not operate another business during child care hours.						
5.3*	<b>Updated 2017</b> The provider maintains confidentiality, respects the privacy of children and families, and does not share any information about the child or family unless required to by state law or with the written permission of the parents.						
5.4	<b>New 2017</b> The provider does not discriminate against a child or family based on race, color, sex, religion, national origin, or disability. If the state prohibits discrimination against additional protected classes the provider will follow these laws.						
5.5*	There is no child abuse, domestic violence, or illegal drug use in the home.						
5.6*	Updated 2017 Children are not permitted to leave the program with anyone other than their parent or specific individuals designated by their parent in writing or verbally; or as noted in court documents in child's file.						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

It is time to move to Level 2.

PROFESSIONAL AND BUSINESS PRACTICES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
5.12* The provider knows how to detect signs of child abuse and neglect, understands the responsibility to report suspicious cases to child protective services, and, if appropriate, files a report.						
<ul> <li>5.17 The provider or sponsoring agency has a signed child care contract with each family.</li> <li>Areas covered in the contract include: <ul> <li>Hours</li> <li>Fees</li> <li>Payment schedule</li> <li>Provider's and child's vacation</li> <li>Provider's and child's sick leave and absences</li> <li>Responsibility for alternate care</li> <li>Termination policy</li> </ul> </li> </ul>						
5.20* If a child receives an injury beyond a minor scrape or bruise, the provider contacts a parent as soon as possible. Parent is given a written accident report within 24 hours which includes a description of the accident, action taken, outcome, and how the child responded.						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

om a local resource.

It is time to move to Level 2.

PROFESSIONAL AND BUSINESS PRACTICES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
5.26* Updated 2017 The provider keeps updated medical information for each child, which is signed by parents or guardians. These include but are not limited to child's allergies, chronic illness, immunizations (or written documentation of objections) and other known health or medical conditions.						
<b>5.29 New 2017</b> The provider keeps records of all business and income expenses.						
<ul> <li>5.40* EXCEPT IN EMERGENCIES, ANY PERSON LEFT ALONE WITH CHILDREN: <ul> <li>is at least 18 years of age</li> <li>holds a current certificate in first aid and pediatric CPR</li> <li>has an acceptable TB screening</li> <li>has spent time with the children before being left in charge</li> <li>understands the program policies and routines, children's special health and nutrition needs including allergies, and emergency procedures.</li> </ul> </li> </ul>						

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

STANDARD

It is time to move to Level 2.

PROC	ESS REQUIREMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
P1	Have High School Diploma or GED (or NAFCC has granted waiver of this requirement).						
P2	Design quality improvement plan based on Quality Standards marked as Not Met during baseline benchmark observation.						
Р3	Design a professional development plan based on professional growth requirements and accreditation training requirements.						
P4	Begin quality improvements.						
P5	Work to complete at least 25% of the required clock hours of family child care related training; 120 for the initial accreditation OR 90 for re-accreditation. NAFCC accepts up to 28 hours of training received in workshops 2 hours or less in length for accreditation. For re-accreditation, 45 hours of training must be comprised of CEUs, college courses, and/or degrees.						
P6	Submit fingerprints for state background checks for provider, co-provider, assistants, substitutes, and adults living in the family child care home (as applicable). Completed checks must be dated within 3 years of a complete application submission. If self-study will take provider up to 2 years, consider waiting to work on this until Level 2. If licensing completes state background checks that also meets our requirements, no additional checks are needed. Check with NAFCC if you are unsure.						

Information about designing quality improvement plans or professional

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

development plans is included in the Provider Guide to Achieving NAFCC Accreditation or may be available from a local resource.

STANDARD

When all standards in this level are marked FM approximately 25% of the NAFCC Accreditation standards have been met.

It is time to move to Level 2.

PROC	ESS REQUIREMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
P7	Submit fingerprints for federal background checks for provider, co-provider, assistants, substitutes, and adults living in the family child care home (as applicable). Completed checks must be dated within 3 years of a complete application submission. If self-study will take provider up to 2 years, consider waiting to work on this until Level 2. If licensing completes federal background checks that also meets our requirements, no additional checks are needed. Check with NAFCC if you are unsure.						

# NOTES



43 LEVEL 1

# **LEVEL 2**

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM, approximately 50% of the NAFCC Accreditation standards have been met.

It is time to move to Level 3.

# **STANDARD RELATIONSHIPS** NM FM **DATE/NOTES** NM FM **DATE/NOTES** The provider is sincere and comfortable with children and enjoys being around them. The provider shows positive attitudes toward adapting for individual children's needs, such as, but not limited to, bottle weaning, diapering, toilet learning, discipline, and additional individual needs. The provider recognizes signs of stress in children's behavior and responds with appropriate stress-reducing activities. **1.15** The provider engages in and maintains open communication with each family. **1.17** The provider shares concerns with parents when they arise, and together they develop a mutually satisfying plan of action.

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 50% of the NAFCC Accreditation standards have been met.

It is time to move to Level 3.

THE E	NVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
2.1	The areas of the home used by children are welcoming and friendly, appearing like a family home, a small preschool, or a combination of the two.						
2.9	The child care space is well organized.						
2.10	<b>Updated 2017</b> There is enough indoor space used for childcare, which allows approximately 35 square feet of usable space per child. Children move freely and safely, when engaged in active play.						
2.11	Outdoors, the play area has open space for active movement, some play equipment and materials, and places for open-ended explorations.						
2.13	The environment includes a comfortable and cozy space for children, and a quiet place for children who choose to use it.						
2.15	Space is available for infants to explore safely and freely, to crawl, and to stand. Sturdy, low furniture is available for those who are learning to walk.						
2.20	There are enough toys and materials, homemade or purchased, to engage all the children in developmentally appropriate ways.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

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It is time to move to Level 3.

THE EN	NVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
2.21	Suggested materials for infants  • balls  • grasping toys  • stacking and nesting toys  • toys to look at, feel, and chew on						
2.22	Suggested materials for toddlers  equipment for climbing (at home or nearby)  riding toys  balls  large interlocking blocks and puzzles  water and sand for sensory play						
2.23	Suggested materials for preschoolers  Toddlers' equipment plus: peg boards blocks sewing materials dancing music and props						
2.32	Books for children age two and older  at least 10 books  nursery rhymes  a variety of stories about pretend and real situations  information books						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 50% of the NAFCC Accreditation standards have been met. It is time to move to Level 3.

DEVEL	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.5	The provider understands how children grow and learn. The provider uses this knowledge to design the environment and plan learning experiences that are developmentally appropriate for each child.						
3.12	<b>Updated 2017</b> The provider gives the children the support they need to succeed in a range of learning experiences, scaffolding them to success. This available support helps the child feel comfortable trying new activities.						
3.16	The provider takes advantage of, and builds upon, the many natural learning experiences and "teachable moments" associated with daily life in a home.						
3.20	The provider is physically active enough to keep up with the children. The provider or an assistant can lift infants and toddlers.						
3.21	The provider usually maintains a consistent, yet fle xible, sequence of daily events and learning experiences, which are adapted to meet the individual needs of each child and the changinggroup.						
3.29	If children wear diapers, the provider does a visual check at least once every 2 hours and changes them as needed, if wet or soiled.						
3.30	If a child is learning to use the toilet, parents and the provider agree on toilet learning approaches based on each child's developmental readiness, not on age. The process is respectful, free from embarrassment, punishment or power struggles.						
3.33*	Guidance is positive and appropriate for the developmental abilities of each child, and is used to help children gain self-control and take responsibility for their own behavior.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked FM if the standard is fully met.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

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STANDARD It is time to move to Level 3. DATE/NOTES DEVELOPMENTAL LEARNING ACTIVITIES DATE/NOTES

DEVELO	PMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.35	The provider minimizes toddlers' frustrations through redirection.						
3.38	<b>Updated 2017</b> Time outs are not used, but rather time is given for a child to cool off or go to a safe place until they are ready to return to the group. The provider uses redirection whenever possible.						
3.46	The provider helps children understand and respect people who are different from themselves. The provider responds factually to children's curiosity about similarities and differences among people.						
3.51	<b>Updated 2017</b> The provider provides ongoing acknowledgement and recognition of specific aspects of each child's accomplishments and efforts.						
3.56*	<b>Updated 2017</b> When they are awake and alert, non-crawling infants spend short periods, of three to five minutes, in each half day, with the provider in supervised time on their tummies. Time may be increased as the infant develops and gains more head and neck control.						
3.63	The provider encourages children to express their thoughts and feelings and listens with interest and respect.						
3.66	Updated 2017 The provider adapts communication and language to match the needs and understanding of each child.						

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Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

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It is time to move to Level 3.

DEVELO	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.71	Children learn math and science concepts in the context of everyday activities, such as setting the table, preparing food, sorting the mail, cooking, gardening, and playing games. As they are able, they match, sort, arrange things in sequence, count things, measure, and recognize and create patterns.						
3.75	<b>Updated 2017</b> The provider sets out inviting art materials based on the children's developmental levels. Additionally, children age 3 and older have direct access to basic art materials during free play opportunities.						
3.76	Most art activities are open-ended and child- directed. Children decide what they will create and how they will do it. Coloring books, pre-cut materials, or activities that require children to produce a specific product are not examples of open ended or child directed art activities.						
3.79	The provider uses music in a variety of ways such as singing, finger plays, clapping games, playing instruments, and listening to a variety of recorded music.						
3.83	If screen media is used, the provider assures the content (including cartoons and animation) is appropriate for the ages of the children using or viewing the source; which includes but is not limited to, being free from violent, sexually explicit, stereotyped content, and advertising.						
3.84	<b>Updated 2017</b> If children use screen media, including computers, the provider limits their time of use to no more than 30 minutes per week, and for educational use or physical activities. Engaging alternative activities are offered to all children when screen media is offered.						

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Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

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It is time to move to Level 3.

SAFETYANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
<b>4.13*</b> The provider has a first-aid kit readily accessible but out of reach of children.						
The first-aid kit includes, but is not limited to:						
• first-aid instructions						
<ul> <li>disposable non-porous gloves</li> </ul>						
<ul> <li>soap and water</li> </ul>						
• tweezers						
<ul> <li>bandage tape</li> </ul>						
• sterile gauze						
• scissors						
<ul> <li>a thermometer, infant-safe if infants are enrolled (may be kept separately from first aid kit)</li> </ul>						
<ul> <li>adhesive bandages</li> </ul>						
• cold pack						
CPR mouth guard						
<b>4.29* Updated 2017</b> If there is a working fireplace, woodstove, or space heater, it is safely screened and inaccessible to children when in use, or not used or cool to the touch when children are present.						
4.39* Updated 2017 A fully charged and operable ABC-type fire extinguisher is in plain sight and available in or near the kitchen and on each floor of the home used for child care. All extinguishers are inspected and tagged annually. Non-rechargeable extinguishers shall be replaced according to manufacturer's instruction.						
<b>4.42*</b> Hot items, including beverages, are kept out of children's reach.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

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It is time to move to Level 3.

SAFETYAN	IDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
oti pa	nint on the walls, ceilings, woodwork, and any ther surface is not peeling or flaking. There are no nint chips or paint dust on floor s or window sills. Yalls and ceilings are free of holes or large cracks.						
<b>4.44</b> T	here are no toxic plants within children's reach.						
an	<b>Display</b> dated 2017 All cords, including power cords and non-power cords, are safely secured and out reach of children.						
	ach floor used by children has at least two exits at lead to the ground level.						
op 6 i sa: Th	windows more than 3 feet above ground are bened, they cannot be opened more than inches or they are opened from the top and have fety guards — with bars no more than 4" apart. he safety guards must be removable from inside outside by an adult in case of an emergency.						
sa Ba	he stove and other cooking appliances are used fely or not used while children are present. asic stove and oven safety guidelines:  Pot handles are turned to the back.  Back burners are used when available.  Knobs are removed or covered when not in use, or there are safety knobs, or they are out of children's reach.  Children do not play within 3 feet of stove while in use. (School-agers may cook on stove if they are carefully supervised.)						
	pdated 2017 Lower cupboards are free of angerous items or have child-proof latches.						

STANDARD

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

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It is time to move to Level 3.

### **SAFETY AND HEALTH** FM NM FM DATE/NOTES NM **DATE/NOTES 4.60 Updated 2017** The diapering surface is made of non-porous padding and is disinfected after each diaper change. **4.61 Updated 2017** Diapers are disposed of in a plasticlined, hands free container, out of reach of children. **4.66** Sleeping areas for infants do not have any surface that can conform to the face, such as a soft pillow, soft mattress, comforter, or stuffed animal. **4.71\*** Ponds, wells, tool sheds, and other hazards are not accessible to children. 4.74\* Any hot tub or spa that is not fenced off has a locked cover strong enough for an adult to stand on. **4.76 Updated 2017** If a child has been diagnosed as having a special need, the provider understands the diagnosis, requests a copy of the child's plan, and works with parents and specialists to follow the plan. **4.80\*** The provider serves nutritious and sufficient food following Child and Adult Care Food Program guidelines. If parents bring food, the provider assures that it is nutritious or supplements it. **4.82** Updated 2017 Baby bottles containing milk or other liquid food, or beverages should never be heated in a microwave and should always be checked to ensure that it is at a safe temperature before offering it to a child. Any other foods heated in the microwave should be allowed to rest for several minutes to ensure that it is at a safe temperature before offering it to a child. **4.86** Meals or snacks are available at least every 3 hours. These times are relaxed, with some conversation.

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 50% of the NAFCC Accreditation standards have been met. It is time to move to Level 3.

SAFETY AND HEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
<b>4.98* Updated 2017</b> The provider practices standard health precautions.						
<ul> <li>Disposable, non-latex, non-porous gloves are worn when the provider has contact with blood, other bodily fluids, or feces.</li> </ul>						
<ul> <li>Surfaces contaminated with bodily fluids or fecal matter are immediately cleaned and disinfected. Contaminated articles are wrapped in plastic and carefully disposed of or sent home with parents.</li> </ul>						
<ul> <li>If provider is unable to use disposable gloves to wipe a child's nose, the provider washes their hands with soap and water immediately after wiping.</li> </ul>						
<ul> <li>Provider removes gloves and washes hands with soap and water before touching non- contaminated items and prior to handling another child.</li> </ul>						
<b>4.98</b> Children do not share personal items including combs, brushes, toothbrushes, bibs, towels, washcloths, bedding, or personal clothing.						
<b>4.102</b> Toys and surfaces are cleaned and sanitized regularly. Toys that are mouthed by a child are not used by others until sanitized.						
<b>4.112</b> Litter boxes, pet feces, pet food, pet medications, and pet toys are kept out of reach of children.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 50% of the NAFCC Accreditation standards have been met. It is time to move to Level 3.

PROFE	SSIONAL AND BUSINESS PRACTICES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
5.7*	The provider seeks continuing training and education and is open to innovative ideas about family child care.						
5.10	The provider takes precautions to minimize personal stress.						
5.15	The provider follows an enrollment process that facilitates an exchange of information between the provider and parent, working to assure a good match. Discussion includes a description of the program and policies as well as parents' values and wishes around such topics as eating, sleeping, toileting, and discipline.						
5.18	<b>Updated 2017</b> The provider operates according to the agreed-upon terms of the contract with parents and provides notification in advance of any planned changes.						
5.22	The provider gives written policies to parents.  Areas covered in written policies may include but are not limited to:  Substitute care arrangement  Persons authorized to pick up child  Illness  Medication administration  Emergencies  Guidance and discipline  Developmentally appropriate learning activities  The use of screen media  Parent participation and conference  If relevant, transportation, field trips, and religious activities and teaching are also included in written policies.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 50% of the NAFCC Accreditation standards have been met. It is time to move to Level 3.

It is time to move to								
PROFE	SSIONAL AND BUSINESS PRACTICES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES	
5.23	<b>Updated 2017</b> The program is covered by insurance, including accident insurance for children and assistants (if employed), professional business liability insurance, and vehicle insurance.							
5.27*	If children are transported or go on field trips, the provider has signed permission from parent(s).							
5.28	<b>Updated 2017</b> The provider keeps accurate daily attendance records of children, making sure the children are signed in and out each time they enter or leave the program.							
5.31	Parents have met any regular assistant or substitute, except in emergencies.							
5.39*	If an assistant is left in charge of children in the provider's absence, they meet all the requirements of a substitute.							
5.42	At least one person is available for emergency back- up care and is able to arrive within 10 minutes.							

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 50% of the NAFCC Accreditation standards have been met. It is time to move to Level 3.

PROCI	ESS REQUIREMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
Р8	Continue membership in NAFCC.						
Р9	Continue making quality improvements.						
P10	Continue with family child care related training, so at least 50% of the requirement is complete.						
P11	Follow-up with background checks as needed.						

# NOTES



57 LEVEL 2

# LEVEL 3

Check the box marked NM if the standard is less than fully met. Check the box marked FM if the standard is fully met.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 75% of the NAFCC Accreditation standards have been met.

It is time to move to Level 4.

### **STANDARD RELATIONSHIPS** NM FM **DATE/NOTES** NM FM DATE/NOTES **1.18** The provider encourages breastfeeding and offers a place for on-site breastfeeding. **1.19** The provider supports children in developing friendships with each other. The provider supports children in finding positive ways to interact with others. **1.21** The provider encourages children to help and support each other. 1.22 Children are engaged in play, activities, or conversations with each other and the environment reflects positive affect. **1.23** When the provider's own child is a part of the program, the provider balances the roles of parent and caregiver to make this a positive experience for all. 1.24 The provider's family members are courteous and respectful when they interact with the children in care and their families. **1.26** The provider has the social support of friends, family, and other providers, and participates in community events and/or organizations. **1.28** If parents do not speak the language of the provider, the provider finds an effective way to communicate with them.

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM, approximately 75% of the NAFCC Accreditation standards have been met.

It is time to move to Level 4.

THE E	NVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
2.25	Materials are stored in consistent places and some of them are easy for children to find, help themselves to, and put away. Separate containers are provided for various kinds of materials.						
2.28	Materials reflect the lives of the children enrolled and people diverse in race and ethnicity. They show girls and boys, women and men, and older people in a variety of positive activities. Materials include items such as books, dolls, puzzles, and pictures. They do not include stereotyped pictures such as Indians with tomahawks.						
2.29	The books are in readable condition.						
2.31	Books for children under the age of two  at least 10 books  made of durable materials  simple pictures of people and familiar objects  short stories about every-day activities						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, approximately 75% of the NAFCC Accreditation standards have been met.

It is time to move to Level 4.

THE EN	IVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
2.33	Books for school-agers  at least 10 books  chapter books  adventure stories  mysteries  information books  magazines  comics  a variety of reading levels and topics						
2.35	<b>Updated 2017</b> Developmentally appropriate art materials are available and offered daily to children age 12 months and older.						
2.36	<b>Updated 2017</b> Developmentally appropriate math materials are available and offered to children age 12 months and older.						
2.38	Updated 2017 Developmentally appropriate dramatic play materials are available and offered to children age 12 months and older.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

 $When all \, standards \, in \, this \, level \, are \, marked \, FM, approximately \, 75\% \, of \, the \, NAFCC \, Accreditation \, standards \, have \, been \, met.$ 

It is time to move to Level 4.

DEVEL	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.4	<b>Updated 2017</b> The provider has a system in place to gather and document information about children's interests, behavior, development, learning progress, and needs. The provider uses this system to analyze the information and set goals that support the children's development.						
3.6	The provider plans learning experiences that build on the needs and interests of the children, being flexible in adapting the plans.						
3.11	The provider offers opportunities to practice and explore new skills in a range of developmental areas.						
3.14	The provider helps children engage in activities by breaking complex tasks into simple ones, or increasing the difficulty of activities by combining familiar materials in innovative ways and contexts.						
3.25	<b>Updated 2017</b> The provider takes the children outdoors (when neighborhood conditions are safe) 1 to 2 or more times during the day, for a total of at least 60 minutes per day, weather permitting (i.e. no active precipitation, extreme weather conditions or advisory warnings that may affect the health or safety of the children). During colder and warmer weather temperature and conditions, children are dressed appropriately for active outdoor play.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

 $When all \, standards \, in \, this \, level \, are \, marked \, FM, approximately \, 75\% \, of \, the \, NAFCC \, Accreditation \, standards \, have \, been \, met.$ 

It is time to move to Level 4.

DEVELO	DPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.26	Rest time is appropriate, relaxing, and comfortable to meet the individual needs of children. Non-sleepers can have books and quiet toys during rest time.						
3.32	School-agers should have age-appropriate, comfortable space and time that meet their needs to relax after the school day.						
3.34	<b>Updated 2017</b> Expectations are appropriate and are clearly explained to children in a positive, developmentally appropriate way.						
3.37	<b>Updated 2017</b> The provider avoids power struggles with children by allowing opportunities for them to experience responsibility as leaders and helpers within the group.						
3.39	The provider helps children to gain awareness of other people's feelings and to understand how their own actions affect others.						
3.43	Children are learning about sharing, taking turns, and working together.						

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

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It is time to move to Level 4.

DEVELO	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.48	The provider helps children notice incidents of bias and learn effective ways to stand up for each other and themselves in the face of teasing, bullying, or other forms of discrimination.						
3.54	The provider helps children take responsibility for themselves and their belongings, building selfhelp skills when they are ready.						
3.59	<b>Updated 2017</b> The provider facilitates activities and guides children's understanding and learning experiences through a variety of methods such as interactions with others, audio, visual, hands-on exploration, books, music, and movement.						
3.60	<b>Updated 2017</b> The provider encourages children to develop their understanding of objects, events, and people by providing a variety of activities, such as pretend play, art materials, and songs that involve imitation. The provider actively interacts with children during these activities to help develop their understanding.						
3.62	The provider encourages children to think for themselves, to solve problems on their own and with others, and to have confidence in their ability to find solutions.						
3.65	The provider encourages children to listen to and respond to each other.						

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DEVEL	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.67	When the child's home language is different from the provider's, the provider shows respect for both languages by learning and using key words or songs in the child's home language.						
3.70	The provider builds on children's emerging interest in print and writing according to each child's developmental level. Examples are: scribbling, recognizing signs and alphabet letters and their sounds, writing names, notes, and stories, labeling drawings, making books, or writing in journals.						
3.74	The provider encourages children's creativity by offering a variety of daily opportunities for children to explore and use their imagination.						
3.82	<b>Updated 2017</b> The provider offers daily opportunities for children's pretend play and is involved in the facilitation of children's creativity throughout the day.						
3.85	<b>Updated 2017</b> Children under the age of 2 years are strongly discouraged from participating in media viewing (TV, computer, video, DVD, iPad, etc.). Developmentally appropriate, engaging alternative activities are provided when screen media is offered to older children.						

STANDARD

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SAFETY	YANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.7	If children are transported, take walks, or go on field trips, the provider has a comprehensive plan which addresses potential safety issues and strategies for keeping children from being separated from the group.						
4.8	<b>New 2017</b> A qualified assistant is present when there are more than 6 children in care, and no more than 12 children are in care at any one time.						
4.9	<b>New 2017</b> When there are 6 or fewer children present, no more than two are under the age of two years. When there are 7 or more children present, no more than 4 are under the age of two years.						
4.10	Updated 2017 Checklist for Outings						
	The provider brings:  • first-aid kit						
	• emergency telephone numbers						
	• emergency treatment permission forms						
	<ul> <li>coins for a pay phone, calling card number, or cellular phone</li> </ul>						
	<ul> <li>notepaper and pen</li> </ul>						
	<ul> <li>items that meet children's basic health and personal care as needed, such as medications, food or snacks, and toileting necessities</li> </ul>						
4.16*	If the provider does not speak English, the provider is able to communicate basic emergency information in English and can understand English instructions printed on children's medication.						
4.23	<b>Updated 2017</b> Helmets fitted to the individual child using the equipment are always worn when riding bicycles, skateboards, and scooters, or when using in-line or roller skates.						

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SAFETY	AND HEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.27	<b>Updated 2017</b> Children under the age of 6 do not wear necklaces (unless the necklace can be easily broken), pacifiers on a cord around the neck, or clothing with draw strings around the neck. There are no toys with cords, strings, or straps long enough to wrap around the neck (over 12 inches long).						
4.28	There are no latex balloons within reach of children under the age of 4.						
4.36	<ul> <li>Updated 2017 If children under the age of 3 participate in water play, water play is limited to:</li> <li>A stable water table with the height at or above the chest level of the smallest child, and the water is less than 6 inches deep</li> <li>Sprinklers and containers less than 6 inches wide, or water less than 1 inch deep.</li> </ul>						
4.40*	Hot radiators and water pipes are covered or out of reach of children.						
4.41*	<b>New 2017</b> All tap water used by children does not exceed 120 degrees F.						
4.46	No cords are placed under rugs or carpeting.						
4.49	Exits are unobstructed and usable by toddlers and older children.						
4.59	Diapering and toileting areas are separated from food areas. If the same sink is used for hand washing after toileting or diaper changing, it is disinfected before being used for hand washing for any other reason, including food preparation.						

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SAFETY	AND HEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.62*	If a potty chair is used, it is washed and sanitized after each use.						
4.64*	Soap, running water, and paper towels or single use towels are provided.						
4.68	Outdoor play equipment is spaced to avoid safety hazards for active children.						
4.69	Play space, including neighborhood playground if used, is free of animal feces, broken glass, paint chips, and trash. There is no flaking or peeling paint or bare soil within 15 feet of a structure.						
4.70	<b>Updated 2017</b> A fence or natural barrier, a minimum of 4 feet in height, encloses the play space.						
4.75	<b>Updated 2017</b> If there are swings, they are safe and meet or exceed current standards from the U.S. Consumer Product Safety Commission for outdoor home playgrounds.						
	• Swings are surrounded by a clearance area and fall zone that extends at least 6 feet beyond the stationary swing.						
	• Each swing hangs at least 30 inches away from the support poles and frame.						
	<ul> <li>There are no exposed, moving parts which may present a pinching, crushing, or entanglement hazard, including all swing seat hooks</li> </ul>						
	<ul> <li>All connecting devices or fasteners, such as hooks, are closed, including those at the top of the swing -ropes or chains</li> </ul>						
	• Swing sets must be securely and adequately anchored.						

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SAFETY	/ANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.79	Children are learning to keep themselves safe and healthy.						
4.87	Children are encouraged to drink water and it is available at all times. Cold-water faucets that are used for drinking or cooking are flushed for 30-60 seconds every morning before use. Hot tap water is never used for cooking or for formula.						
4.90*	Food is never used as a reward or withheld as a punishment.						
4.95	<b>Updated 2017</b> Children with mild symptoms of illness may stay at the provider's discretion. Children with severe or contagions symptoms are separated from other children and parents are contacted to pick up the child.						
4.96	<b>Updated 2017</b> Upon enrollment, the provider examines children's immunization records to ensure they are consistent with local and national standards. Ongoing, the provider has a system in place, which monitors the immunization status of the children enrolled and provides families with information about the importance of keeping children's immunization current. If children are exempt from immunization, written documentation is kept on file.						
4.10	5 Updated 2017 Individual children's bedding is laundered at least once a week, when visibly soiled, or before being used by another child. Each child's bedding is stored so that it does not come into contact with other bedding.						

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SAFETY AND HEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.109* Updated 2017 Pets present no hazard to the safety of the children. Pets should be in good health, free of parasites and fleas, even tempered, friendly, and comfortable around children or kept in areas inaccessible to children. There are no exotic or poisonous animals, hermit crabs, birds from the parrot family, ferrets, or wolf hybrids.						
<b>4.110* Updated 2017</b> Reptiles and amphibians must be kept behind a glass wall in a tank where children cannot touch them.						
<b>4.111*</b> If there are cats or dogs, current rabies and distemper immunization records are on file and a document signed by a veterinarian within the past year verifies that the animal is rabies free.						

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PROFES	SSIONAL AND BUSINESS PRACTICES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
5.16	Prospective parents are given the names and telephone numbers of three current or recently enrolled parents, with their permission. If unavailable, character references are given.						
5.19	<b>Updated 2017</b> The provider gives parents receipts upon payment of fees upon parent request. If the fees are subsidized the provider will give receipts of parent co-payments upon parent request. Provider will give parents their employee identification number (EIN) upon request.						
5.21	Updated 2017 The provider implements and shares with parents an illness policy defining mild symptoms with which children may remain in care, and more severe symptoms that require notification of parents or back-up contact to pick up child.						
5.25	The provider gathers information about the children and their families such as special needs, fears, food preferences, important holidays and traditions and updates the information as needed.						
5.30	The assistant understands and supports the goals for each child, as well as the rules and routines of the program.						

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PROFE	SSIONAL AND BUSINESS PRACTICES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
5.33	The provider offers the assistant helpful, consistent, and constructive feedback, and encourages the assistant's professional growth.						
5.35	<b>Updated 2017</b> The assistant is paid at least the minimum wage.						
5.36	<b>New 2017</b> The provider will comply with all federal and state payroll tax rules and purchase worker's compensation when required under state law.						
5.37	Assistants who work more than 5 hours a day with the children have a break of at least ½ hour.						
5.38	Except in emergencies, parents are notified in advance when a substitute provider will be responsible for their children.						
5.41*	Children are not left with a substitute for more than 20% of the time (such as 1 hour per day every 5 hours, or 1 day per 5-day week, may be averaged over time).						

**STANDARD** 

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### **PROCESS REQUIREMENT** NM FM DATE/NOTES NM FM **DATE/NOTES P12** Continue membership in NAFCC. Provide care to children for a minimum of 15 hours per week. P14 Provide care for at least 3 children. At least one child must live outside provider's home. **P15** Meet the highest level of regulation available in provider's state to operate a family child care program and be in compliance with all regulations of provider's authorized licensing body. **P16** Continue with family child care related training so at least 75% of the requirement is complete. Make appointments to have health assessments P17 completed for provider, co-provider, assistants, and substitutes (as applicable). Completed assessments must be dated within 2 years of a complete application submission. There is an NAFCC form for these, however they are not required if provider has this type of assessment done for other requirements, such as licensing. If provider chooses to submit an assessment completed for other reasons, compare it to our form to make sure it has the information needed.

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PROC	ESS REQUIREMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
P18	Make appointments to have TB screenings completed for provider, co-provider, assistants, and substitutes (as applicable). Completed screenings must be dated within 2 years of a complete application submission. There is an NAFCC form for these, however they are not required if provider has this type of screening done for other requirements, such as licensing. If provider chooses to submit a screening completed for other reasons, compare it to our form to make sure it has the information needed.						
P19	Schedule first aid and pediatric CPR classes as needed for provider, co-provider, assistants, and substitutes (as applicable). Certifications must be current at time of complete application submission.						
P20	Follow-up with background checks as needed.						

## NOTES



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### **LEVEL 4**

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RELAT	IONSHIPS	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES	
1.6	The provider seeks information about each family's cultural traditions and is sensitive to them when responding to the children and families.							
1.12	The provider respects diverse family structures and recognizes the strengths of each family.							
1.13	The provider is attentive to parents' specific requests, preferences, and values, and individualizes each child's care as appropriate.							
1.16	In addition to ongoing conversations, the provider has a conference with each child's parents/guardians at least once per year. Together they review the child's progress and needs and set goals for the child.							
1.25	The provider plans occasional activities where the child care families can get together.							
1.27	The provider offers a variety of ways for parents to be involved in the child care program.  Consideration is given to the parents' interests, culture, and time availability. Although involvement is encouraged, it is never required.							

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THE E	NVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
2.3	<b>Updated 2017</b> The arrangement of the home, and use of space, are balanced to meet the needs of both the child care program and the provider's family.						
2.7	<b>Updated 2017</b> The environment does not over stimulate nor distract children.						
2.8	<b>Updated 2017</b> At least half the time there is no background noise such as music, radio, nor electronic games.						
2.12	The provider makes reasonable adaptations to the environment to meet the specific needs of each child.						
2.14	Each child has a space for storing personal belongings.						

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THE E	NVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES	
2.16	<ul> <li>Updated 2017 The space is organized to meet the individual needs of each child in care. For example:</li> <li>Infants can experience floor time without being exposed to small objects that could be choking hazards or other objects and toys that are not developmentally appropriate.</li> <li>Toddlers and Preschoolers have enough space to move about freely without being a safety risk to Infants.</li> <li>Preschoolers have a space to play with small manipulatives that is out of reach of infants and toddlers.</li> </ul>							
2.17	<b>Updated 2017</b> If a child is present whose disability requires use of a wheelchair, there is sufficient space for it to move around.							
2.18	<b>Updated 2017</b> Equipment and materials are modified to accommodate children's individual special needs, or special equipment/materials are provided.							
2.19	The children are learning to take care of the equipment, materials, and the environment.							

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THE ENVIRONMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES			
<ul> <li>2.24 Suggested materials for school-agers</li> <li>Preschoolers' equipment plus:</li> <li>other sports equipment and games</li> <li>games that require participation</li> <li>arts and crafts materials</li> <li>construction toys</li> <li>materials for building</li> </ul>									
2.27 Updated 2017 Some materials are rotated, put away for a while and then brought out again, to stimulate children's interest and development.									
<ul> <li>2.34 Other language materials</li> <li>telephones</li> <li>puppets</li> <li>interactive games</li> <li>written or audio materials in the child's home language (supplied by the provider or family)</li> </ul>									
<b>2.37 Updated 2017</b> Developmentally appropriate science materials are available and offered to children age 12 months and older.									
<b>2.39 Updated 2017</b> Developmentally appropriate real tools are available and offered to children age 12 months and older.									

STANDARD

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DEVELO	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.7	<b>Updated 2017</b> If the child has been diagnosed with a specific condition, and a plan has been implemented (i.e. Individual Family Service Plan (IFSP) or the Individual Education Plan (IEP), or 504 Plan), the provider follows the proscribed plan, and provides activities that support learning based on the age and abilities of the child.						
3.8	<b>Updated 2017</b> The provider seeks information about each families' cultural traditions and is sensitive when using this information during curricula planning and other learning activities.						
3.9	<b>Updated 2017</b> Most of the children's learning experiences promote many kinds of development simultaneously – the curriculum is integrated and holistic rather than focused on one area of development at a time. For example, a play dough activity includes art, math, science, self, social, and language development.						
3.10	<b>Updated 2017</b> Children age 4 and older can pursue special interests or hobbies, working on projects that may evolve over days or weeks. (This could be N/A if no children are 4 or older).						
3.13	When appropriate, the provider extends children's learning by describing what they are doing and asking them open-ended questions.						
3.15	The provider finds opportunities to support children in learning specific skills and concepts when they show interest in learning them.						

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DEVELO	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.22	Learning experiences and transitions are generally smooth and unhurried; children can usually finish activities at their own pace. They seem to know what is expected of them.						
3.31	The provider models a positive attitude about cleaning up, and encourages children to clean up after themselves as they are able.						
3.36	<b>Updated 2017</b> As opportunities arise, the provider allows children to experience the natural consequences of their own negative behavior in a safe, non-threatening manner.						
3.40	<b>Updated 2017</b> The provider supports children in resolving conflicts and disagreements by assisting them, as needed, in communicating their feelings and finding solutions.						
3.41	<b>Updated 2017</b> The provider helps children learn to respect the possessions, personal space, and activities of others.						
3.42	Some activities involve all the children working together for a common purpose. The provider encourages children to work on projects and play games together.						
3.44	Sometimes children help with safely preparing food, setting the table, or cleaning up after meals.						

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DEVELO	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.45	<b>Updated 2017</b> The provider helps children know neighborhood helpers, such as mail carrier, health professionals, fire fighter, or police officer, by meeting them or through pictures, books, videos, or play experiences.						
3.49	The provider introduces cultural activities based on the authentic experiences of individuals rather than a "tourist curriculum" of exotic holidays and stereotyped decorations.						
3.61	The provider introduces time concepts through consistent routines, and helps children age 2 and older recall past experiences and plan future events.						
3.72	Updated 2017 Children have opportunities (indoors and outdoors) to explore the natural and physical environment, through experiences such as watching insects, planting seeds and caring for plants, playing with water and sand, and playing with cars or balls and ramps.						
3.73	The provider encourages children age 3 and older to observe and make predictions about things in the learning environment using language, hands on activities, analysis, reasoning, problem solving, and experimenting by asking "why, how and what if" questions.						
3.77	The provider comments on specific aspects of children's art, focusing on the children's exploration and use of the materials and descriptions of their work. The provider is careful in the use of language during praise, encouragement, or affirmation, and does not show preference for work that looks more realistic or pretty.						

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DEVELO	OPMENTAL LEARNING ACTIVITIES	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
3.78	<b>Updated 2017</b> The provider values all children's work and helps parents appreciate children's creative art, child made games, and books. Some work is displayed throughout the learning environment (such as on the refrigerator, on wall hangings and mobiles, in photo albums, scrap books, or portfolios) including spaces where children and parents have access.						
3.80	Children have opportunities to participate in music making activities, using their own voices, and with purchased or home-made instruments.						
3.81	The provider encourages children to dance or use movement as a method of self-expression, to recreate meaningful experiences, tell stories, or act out concepts.						
3.86	If a computer is used by the children, the provider limits each child's computer time to no more than fifteen minutes at a time. When school-agers are engaged in an educational project or when children require the use of assistive technology, time using the computer may be extended.						
3.87	<b>Updated 2017</b> When used, all computer software is developmentally appropriate, promotes positive learning experiences, requires children's active involvement, group participation, creativity, or fun.						
3.88	<b>Updated 2017</b> If the Internet is used by children, the provider actively monitors its use in all forms including, but not limited to, computers, tablets, smartphones, and television.						

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SAFET	(ANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.11	For Outings Children carry the provider's name and telephone number and their own name, where it is not visible, in case they become separated from the provider.						
4.15	The provider helps children, as they are able, to learn their full names, addresses, phone numbers, and how to dial 911 using equipment that is available, accessible, and familiar to them.						
4.25	The provider has an effective system to check for new safety hazards, indoors and outdoors.						
4.26	<b>Updated 2017</b> The provider conducts monthly emergency drills and keeps a log which includes the type of drill, date, and time of drills practiced.						
4.32	The provider helps children understand dangerous situations and the reasons for safety rules. The provider involves children age 3 and older in discussions about their safety.						
4.37	Children cannot lock themselves into rooms. Privacy locks on bathroom or bedroom doors are inaccessible to children, or locks can be opened quickly from outside.						

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STANDAR	D		Wilcii ali s	standards in this level are marked i m, i			with the NAFCC Accreditation Process.
SAFET	YANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.50	Stairs with more than 3 steps, or a total rise of 24 inches or more, have railings usable by the children.						
4.53	Windows that are opened have screens in good repair.						
4.56	Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups, and utensils are used.						
4.57	<b>Updated 2017</b> Garbage containers are plasticlined, covered, and hands free, or are located out of reach of children.						
4.58	<b>Updated 2017</b> A cold pack or equivalent is easily accessible when needed for first aid.						
4.63	A safe and age appropriate step stool is located next to any sink where children wash their hands, or children can reach faucets without a step stool. Children may be held while washing hands.						
4.67	Children are provided with individual sleeping spaces allowing their faces to be at least 3 feet apart from each other.						
4.72	No trampolines are accessible to the children in care, except for therapeutic equipment used with supervision.						

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It is time to continue with the NAFCC Accreditation Process.

SAFETY	ANDHEALTH	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
4.84	The current daily or weekly menu is posted and shared with parents, unless parents provide food. Modifications are noted when changes occur.						
4.88	Children are encouraged to taste new foods, but they do not have to eat anything they do not want.						
4.89*	<b>Updated 2017</b> Children always sit down to eat meals and drink beverages. Meals and snacks are not rushed nor are children forced to stay at the table for more than a few minutes after they have finished eating. There is no use of screen media at these times.						
4.94	<b>Updated 2017</b> Children have opportunities to help plan and prepare meals and snacks according to their abilities.						
4.10	All floors used by children are swept and/or vacuumed daily. Washable floors used by children are mopped daily with a disinfectant solution that is not harmful to children. Washable floors in child diapering and toilet areas are mopped with disinfectant.						
4.103	If there is water play, water containers are emptied and sanitized daily.						
4.104	If there is a sand area or box, it is covered when not in use.						
4.108	before enrollment if there are any pets in the home. They are also informed in writing before new pets are introduced into the home.						

and child care subsidies.

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

It is time to continue with the NAFCC Accreditation Process.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM, 100% of the NAFCC Accreditation standards have been met.

**STANDARD** 

PROFESSIONAL AND BUSINESS PRACTICES NM FM **DATE/NOTES** NM FM DATE/NOTES 5.2 **Updated 2017** The provider is intentional and reflective in her work, thinking about what occurs with the children and their families, respecting the dignity, worth, and uniqueness of each child and family member. 5.8 The provider keeps up-to-date with topics related to program quality. When needed, the provider consults with experts to gain specific information, such as how to support children with special needs and their families. The provider is actively involved with other providers or a related professional group, if available. **5.11** The provider shares information with parents about common child-rearing issues such as temper tantrums and signs of infectious disease. **5.13** The provider has information about community resources that offer services to parents and children. These resources may include but are not limited to health, mental health, nutrition/fitness, child care resource and referral, special needs, care for infants, including breast feeding supports,

Check the box marked NM if the standard is less than fully met. Check the box marked FM if the standard is fully met.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM, 100% of the NAFCC Accreditation standards have been met.

#### **STANDARD**

It is time to continue with the NAFCC Accreditation Process. PROFESSIONAL AND BUSINESS PRACTICES NM FM **DATE/NOTES** NM FM DATE/NOTES **5.14** The provider informs parents about tax credits, child care subsidies, and employer child care benefits if available. **5.24** Updated 2017 The provider uses an organized system to keep observational notes on a regular basis of the children in care. These notes include the children's interests, accomplishments, concerns, and behaviors. These notes are used for program planning and parent conversations. **5.32** The provider and the assistant share observations of children and families and plan some activities together. 5.34 The assistant, unless a family member, has a written job description defining responsibilities. The provider conducts an annual review of the assistants' job performance.

Check the box marked **NM** if the standard is **less than fully met**.

Check the box marked **FM** if the standard is **fully met**.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes. When all standards in this level are marked FM, 100% of the NAFCC Accreditation standards have been met.

STANDARD It is time to

It is time to continue with the NAFCC Accreditation Process.

PROCE	SS REQUIREMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
P21	Have at least 12 months experience as a family child care provider.						
P22	Continue with family child care related training, so at least 100% of the requirement is complete.						
P23	Be at least 21 years of age.						
P24	Verify that health assessments are dated within 2 years.						
P25	Verify that TB screenings are dated within 2 years.						
P26	Verify first aid and CPR certifications are current.						
P27	Verify state and federal background checks are dated within 3 years						

STANDARD

Check the box marked NM if the standard is less than fully met.

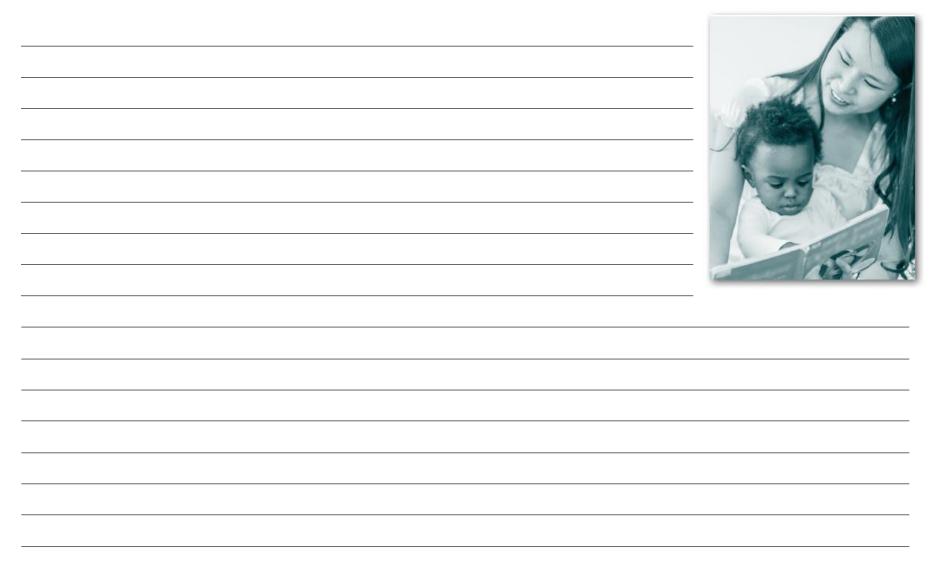
Check the box marked FM if the standard is fully met.

Use the DATE/NOTES column to record the date the level was observed and to enter any relevant notes.

When all standards in this level are marked FM, 100% of the NAFCC Accreditation standards have been met. It is time to continue with the NAFCC Accreditation Process.

PROCE	ESS REQUIREMENT	NM	FM	DATE/NOTES	NM	FM	DATE/NOTES
P28	Complete training log and compile training certificates, training registry, and/or transcripts. Official transcripts are not required.						
P29	Verify license is current.						
P30	Verify NAFCC membership is current.						
P31	Complete application and include all required eligibility documentation. Refer to application for a complete checklist						
P32	Include payment with application. If an agency is paying accreditation fees, ensure appropriate documents are included. If there is no payment documentation to include from this agency, verify with NAFCC that payment was received.						

### NOTES



90 LEVEL 4

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STANDARD	DATE	NM	FM	DATE	NM	FM	DATE	NM			NM	FM	DATE	NM	FM	DATE	NM	FM	DATE	NM	FM
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Name of Provider	

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Name of Provider
Name of Frontier

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Name of Provider
Name of Frontier

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## Additional Uses For the Provider Profile Recap Sheet

While NAFCC's primary goal for Benchmarks to Quality continues to be the development of a resource to help providers make the accreditation process more manageable, we recognize that communities are eager for tools that allow them to identify change in family child care environments and to track specific provider growth. The Provider Profile Recap Sheet can be used for this purpose while it offers a picture of what quality components a provider meets at a certain stage.

The recap sheet offers communities and projects a tool to chart how quickly a provider moves from one level to another or how long it takes for specific quality improvement measures to be implemented in a program. The total number of standards in each level, including the number of required standards contained in that level, is identified so that it is easy to see where improvements must still be made before moving to the next level of the Benchmark. This allows for easy conversion to a numeric figure if that method is used in a community or by a project. (sample recap sheet follows)

Because the NAFCC Quality Standards for Accreditation are based on sound research principles, recognized child growth and development theories, and current best practices in the field, communities and projects can be assured that use of the NAFCC Benchmarks to Quality offers an accurate measure of provider quality. In order to give a true picture of provider progress using the NAFCC Benchmarks to Quality, NAFCC suggests that the first time the document is used all standards be observed and scored to establish a baseline.

Subsequent observations may be done in several ways. They may include the scoring of standards in all levels or they might focus specifically on one level, usually the lowest level where any standards are scored as Not Met. After establishing a baseline level, observations might be completed with a focus on a particular content area. Depending upon the professional development or quality improvement plans, observations might be completed to support progress of the established plans.

It is suggested that regular observations using the full Benchmarks to Quality be conducted at specific intervals in order to provide a complete picture of provider progress. A provider should move from one level to the next only when all standards in the lowest level are scored Fully Met and all process requirements are also scored Fully Met. Many providers fully meet standards in all four levels but identification of a provider's Benchmark Level requires consistently scoring all standards in preceding levels as Fully Met.

This recap sheet can be used to help identify areas for quality improvement efforts. A plan can be generated using the specific information about which standards will need additional time and effort in order to demonstrate that they are Fully Met or which process requirements are not yet Fully Met. The sample is included for demonstration purposes only and should not be used as an indication of how quickly an individual provider should progress through the levels of NAFCC Benchmarks to Quality. NAFCC believes that accreditation and the quality improvement that is part of the self-study process is provider driven and that it is critical for providers to be able to set their own pace in order for them to be successful and to fully appreciate and commit to accreditation.



# Provider Profile Recap Sheet

		#	DATE	NM	FM	DATE	NM	FM
<b>L 1</b> ards	Standards % Fully Met	84	1/2 68%	27	57	3/4 85%	13	71
LEVEL 1 Standards	Process Requirements % Fully Met	7	71%	2	5	100%	0	7
<b>LEVEL 2</b> Standards	Standards % Fully Met	74	58%	31	43	61%	29	45
<b>LEV</b> Stand	Process Requirements % Fully Met	4	25%	3	1	4 50%	2	2
<b>LEVEL 3</b> Standards	Standards % Fully Met	80	45%	44	36	50%	40	40
<b>LEV</b> Stand	Process Requirements % Fully Met	9	44%	5	4	5 56%	4	5
E <b>L 4</b> lards	Standards % Fully Met	77	27%	56	21	30%	54	23
LEVEL 4 Standards	Process Requirements % Fully Met	12	25%	9	3	33%	8	4
<b>VELS</b> ards	Standards % Fully Met	310	51%	158	157	56%	136	174
ALL LEVELS Standards	Process Requirements % Fully Met	32	41%	19	13	56%	14	18



# Provider Profile Recap Sheet

		#	DATE	NM	FM	DATE	NM	FM
<b>L 1</b> ards	Standards % Fully Met	84						
LEVEL 1 Standards	Process Requirements % Fully Met	7						
: <b>L 2</b> ards	Standards % Fully Met	74						
LEVEL 2 Standards	Process Requirements % Fully Met	4						
<b>LEVEL 3</b> Standards	Standards % Fully Met	80						
<b>LEV</b> Stand	Process Requirements % Fully Met	9						
. <b>L 4</b> ards	Standards % Fully Met	77						
LEVEL 4 Standards	Process Requirements % Fully Met	12						
ALL LEVELS Standards	Standards % Fully Met	310						
ALL LI Stand	Process Requirements % Fully Met	32						



