| Business & Professional Practices | |
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| 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. | 5.1 The provider and assistant's attention (sight or listening) is focused solely on all the children, nonstop.<br><br>References<br>Copple, C. & Bredekamp, S. (Ed.) (1987). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children. http://www.naeyc.org<br><br>Office of Head Start. (2021). Active supervision. U.S. Department of Health and Human Services. https://eclkc.ohs.acf.hhs.gov<br><br>Children Bureau. (2021). Child Abuse Prevention and Treatment Act. U.S. Department of Health and Human Services. https://www.acf.hhs.gov<br><br>Summary<br>Provider and assistant practice active supervision at all times. Phone use, errands, or personal interests do not take priority over children's needs. The provider does not operate another business during the child care hours. The provider positions themselves to observe all of the children - watching, counting, and listening at all times.  Providers use their knowledge of each child's development and abilities to anticipate their response. When necessary, the provider gets involved and redirect children.<br><br>Glossary<br>Nonstop is to continue without stopping or pausing.<br><br>Explanation of change<br>Separated the description of the indicator to simplify the indicator. Recommend revising standard to align with NAFCC re-accreditation requirements of 90 hours over a 3 year period, requiring 30 hours of professional development per year, (including the additional parameters included in the 2017 NAFCC Accreditation Updates) |

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| 5.2 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. | 5.2 The provider is intentional and uses reflective practice in displaying diversity in the home environment and in the selection of the equipment, play materials, activities, and reading and visual materials offered for children's learning and growth.<br><br>References<br>Copple, C., and Bredekamp, S. (Ed.) (1987). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children. http://www.naeyc.org<br><br>Ryle, G. (1973). Intentionality - Theory and the nature of thinking. Revue Internationale De Philosophie, 27(104/105 [2/3]), 255-265. http://www.jstor.org/stable/23943232<br><br>U.S. Department of Justice (2021). Federal protections against national origins discrimination. U.S. Department of Justice. Washington, D.C. https://www.justice.gov<br><br>Vygotsky, L. (1978). Mind in society: The development of higher psychological processes. Harvard University Press<br><br>Summary<br>When the provider plans for the environment, the environment and activities reflects the children's and their families' national origin, race, color, religion, disability, sex, and/or familial status. The provider purposely thinks about the cultural appropriateness of children and their families and act to respect the dignity, worth, and uniqueness of each child and family member.<br><br>Glossary<br>Intentionality is about a provider's deliberate mental representation about their children and their families' culture in the family child care home.<br><br>Reflection is a cycle of ongoing learning to stop, think, challenge and change practices in order to incorporate new understandings in the family child care provider's work.<br><br>Explanation of change |

| | Specifying the components of the family child care setting where intentional and reflective practice will occur. |
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| 5.3 *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. | 5.3 The provider maintains confidentiality and respects the privacy of potential, enrolled, and previously enrolled children and their families, including their records unless mandated by law or within the parameters of parental permission. This excludes the responsibility of being a mandated reporter of child abuse.<br><br>References<br>Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall, Inc.<br><br>Children Bureau. (2021). Child Abuse Prevention and Treatment Act. U.S. Department of Health and Human Services. https://www.acf.hhs.gov<br><br>Nobile, C., & Drotar, D. (2003). Research on the quality of parent-provider communication in pediatric care: implications and recommendations. Journal of Developmental & Behavioral Pediatrics, 24(4), 279-290.<br><br>Omar, N. A., Nazri, M. A., Abu, N. K., & Omar, Z. (2009). Parents perceived service quality, satisfaction and trust of a child care centre: Implication on loyalty. International Review of Business Research Papers, 5(5), 299-314. https://www.researchgate.net<br><br>Summary<br>The provider does not share any information about the child or family with others unless required to by state or federal law or with the written permission of the parents/guardians within the stated parameters. This indicator does not apply in cases of suspected child abuse. Nor does this indicator apply in professional communication and observations between the provider and parents/guardians about children's development. Maintaining confidentiality is part of the good faith that exists between provider and parents/guardians. Ignoring parents/guardians rights to confidentiality would lose their trust, and might prevent families from seeking help when needed. Confidentiality preserves individual dignity, prevents information misuse, and protects autonomous decision making by the parents/guardians.<br><br>Glossary<br>Confidentiality applies to all verbal, written, and internal business information about |

| | potential, enrolled, and previously enrolled children and their families that either cannot or should not be communicated to a third party without the express consent of the appropriate parties.

Explanation of change
Inserted "potentially, enrolled, and previously enrolled children and families including their records," indicated parameters of parental approval, and specified that the responsibility of being a mandated reporter of child abuse is excluded in this indicator. |
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| 5.4 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. | 5.4 The provider has a written policy, available to parents/guardians, indicating that the program/provider welcomes all children and is committed to developmentally appropriate practice and early learning and education experiences that support each and every child.

References
Copple, C., and Bredekamp, S. (Ed.) (1987). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children. http://www.naeyc.org

U.S. Department of Justice (2021). Federal protections against national origins discrimination. U.S. Department of Justice. https://www.justice.gov

Vygotsky, L. (1978). Mind in society: The development of higher psychological processes. Harvard University Press

Summary
Each child is unique and the provider works in partnership with families and other professionals to provide the support every child needs to reach their full potential. The provider does not discriminate against a child or family based on race, color, sex, religion, national origin, disability, or any other protected classes. If the state prohibits discrimination against additional protected classes, the provider will follow state laws.

Glossary
Developmentally appropriate practice (DAP) core considerations are 1) commonality in children's development and learning, 2). individuality reflecting each child's unique characteristics and experiences, and 3) children and families' social and cultural context.

Explanation of change
Changed the language to state inclusive instead of exclusive components of discrimination. Inserted developmentally appropriate practice language. |

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| 5.5 *There is no child abuse, domestic violence, or illegal drug use in the home. | 5.5 *There is no physical abuse or activity in the family child care home.<br><br>5.5a *There is no sexual abuse in the family child care home.<br><br>5.5b *There is no exploitation in the family child care home.<br><br>5.5c *There is no neglect including self-neglect in the family child care home.<br><br>5.5d *There is no mental mistreatment and emotional abuse in the family child care home.<br><br>5.5e *There is no abandonment in the family child care home.<br><br>References<br>Children Bureau. (2021). Child Abuse Prevention and Treatment Act. U.S. Department of Health and Human Services. https://www.acf.hhs.gov<br><br>Washington State Department of Social and Health Services. (2021). Types and signs of abuse. Washington State Department of Social and Health Services. https://www.dshs.wa.gov<br><br>Summary<br>Physical abuse examples include but is not limited to slapping, pinching, choking, kicking, shoving, or inappropriately using drugs or physical restraints.<br>Other signs are bruises, black eyes, welts, lacerations, rope marks, broken bones, open wounds, cuts, punctures, untreated injuries in various stages of healing, broken eyeglasses/frames, or any physical signs of being punished or restrained, laboratory findings of either an overdose or under dose medications, children report being hit, slapped, kicked, or mistreated, vulnerable adult's sudden change in behavior and the caregiver's refusal to allow visitors to see a vulnerable adult alone.<br><br>Glossary<br>Physical abuse is intentional bodily injury. |

| | Explanation of change<br>Expanded the types and signs of abuse to individual indicators (5.5a-5.5e) for the children and their families and the family child care provider's family & home. |
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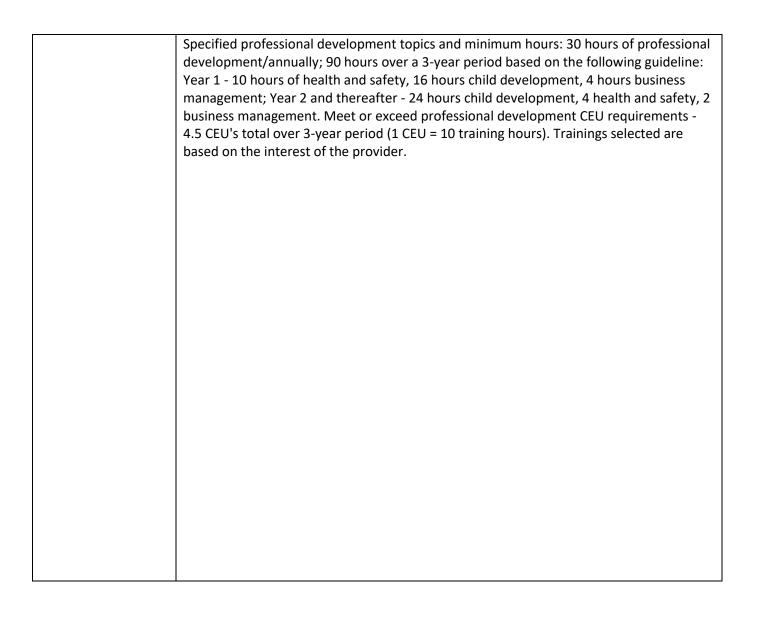| | |
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| 5.6 Children are not permitted to leave the program with anyone other than their parent or specific individuals designated by their parent in writing or verbally; or as noted in court documents in child's file. | 5.6  Children are not permitted to leave the program with anyone other than their parent, by their parent in writing or verbally in the case of an emergency; or as noted in offical documents on the child's custodial arrangements in the child's file. This policy is in writing and shared with parents/guardians.<br><br>References<br>Children Bureau. (2021). Child Abuse Prevention and Treatment Act. U.S. Department of Health and Human Services. https://www.acf.hhs.gov<br><br>Legal Information Institute. (1975). Family Law Act of 1975. https://www.law.cornell.edu<br><br>Office of Child Support Enforcement (2021). Use of the FPLS in Parental Kidnapping and Child Custody Cases. U.S. Department of Health and Human Services https://www.acf.hhs.gov<br><br>Shear, L. E. (1998). From competition to complementarity: Legal issues and their clinical implications in custody. Child and Adolescent Psychiatric Clinics, 7(2), 311-334. https://doi.org/10.1016/S1056-4993(18)30243-8<br><br>Summary<br>Children are not permitted to leave the program with anyone unless prior arrangement have been made with the custodial parents/guardian or the provider has received prior notification from the custodial parents/guardian. Emergency notification is accepted via phone only.<br><br>Glossary<br>Custody is defined in the Family Law Act as being the right to have the daily care and control of the child, and. the right and responsibility to make decisions concerning the daily care and control of the child.<br><br>Explanation of change<br>Incorporated emergency notification by the custodial parent/guardian, official documentation, and custodial language. |

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| PROFESSIONAL ACTIVITIES - CONTINUING | |

| EDUCATION AND SUPPORT | |
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| 5.7 The provider seeks continuing training and education and is open to innovative ideas about family child care. | 5.7 The provider has a written plan aligned to meet or surpass the professional development requirement for NAFCC annual training and re-accreditation to increase critical analysis of in family child care.<br><br>References<br>Bandura, A. (1977). Social Learning Theory. Prentice Hall.<br><br>Kohlberg, L. (1981). The Philosophy of Moral Development. Harper and Row.<br><br>Loevinger, J. (1976). Ego Development: Conceptions and Theories. Jossey-Bass.<br><br>Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. Human Development, 15(1), 1-12. https://doi.org/10.1159/000271225<br><br>Talan, T. N. & Bloom, P. J. (2018). Business Administration Scale for Family Child Care (2nd ed.). Teachers College Press.<br><br>Summary<br>The provider intentionally plans professional development for both cognitive and social aspects of learning to improve professional growth, career trajectory, and overall job satisfaction. Providers that operate at higher stages of development show greater flexibility, are open to multiple points of view, and are more effective in interpersonal interaction and in group problem solving. Teachers' developmental stages affect their interactions in the child care setting and their involvement on collaborative research teams which can provide the support and challenge that encourages developmental growth.<br><br>Glossary<br>Professional development is any type of continuing education effort for educators so they can improve their skills and, in turn, boost children's outcomes.<br><br>Explanation of change |

| | Specified professional development topics and minimum hours: 30 hours of professional development/annually; 90 hours over a 3-year period based on the following guideline: Year 1 - 10 hours of health and safety, 16 hours child development, 4 hours business management; Year 2 and thereafter - 24 hours child development, 4 health and safety, 2 business management. Meet or exceed professional development CEU requirements - 4.5 CEU's total over 3-year period (1 CEU = 10 training hours). Trainings selected are based on the interest of the provider. |
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| 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. | 5.8 The provider maintains a multi-level, continuous, quality program that includes early screening and early intervention.<br><br>References<br>Bandura, A. (1991). Social cognitive theory of self-regulation. Organizational Behavior and Human Decision Processes, 50(2), 248-287. https://doi.org/10.1016/0749-5978(91)90022-L<br><br>Guralnick, M. J. (1997). Effectiveness of early intervention for vulnerable children: A developmental perspective. American Journal on Mental Retardation, 102(4), 319-345.<br><br>Ziviani, J., Darlington, Y., Feeney, R., Rodger, S., & Watter, P. (2013). Early intervention services of children with physical disabilities: Complexity of child and family needs. Australian Occupational Therapy, 61(2), 67-75. https://doi.org/10.1111/1440-1630.12059<br><br>Summary<br>The provider conducts early screening annually or as needed and consults with appropriate experts/agencies for early intervention that meets the individual needs of children and their families. Children's self-regulation has a strong impact on thought, affect, motivation, and action. In the event of additional support for children's physical or mental needs, parents stressed the importance of having access to a variety of early intervention services aside from therapy.<br><br>Glossary<br>Early intervention is identifying and providing effective early support to children who are at risk of low outcomes.<br><br>Explanation of change<br>Terminology, for example children with special needs labels children. Research confirms that all children have experiences where additional support may be needed to assist children and their families to manage situations and circumstances. Early intervention may be effective when physical and mental restrictions hinder a child from reaching their |

| | highest physical and psychological development. An early intervention program is not a one-time or one solution for all fix. |
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| 5.9 The provider is actively involved with other providers or a related professional group, if available. | 5.9 *The provider is actively involved in a local and/or state family child care or early childhood-related professional group. If none is available, the provider is informally active with a group of other providers or professionals.<br><br>References<br>Muijs, D., Aubrey, C., Harris, A., & Briggs, M. (2004). How do they manage? A review of the research on leadership in early childhood. Journal of Early Childhood Research, 2(2), 157-169. http://doi.org/10.1177/1476718X04042974<br><br>Rietschlin, J. (1998). Voluntary association membership and psychological distress. Journal of health and social behavior, 39(4), 348-355. http://doi.org/10.2307/2676343<br><br>Vygotsky, L. S. (1978). Socio-cultural theory. Mind in society, 6, 52-58. http://etec.ctlt.ubc.ca<br><br>Summary<br>Family child care providers commonly accomplish their work individually. Research confirms that when family child care providers are actively engaged with other providers, it is a buffer for increasing depressive symptoms, provides support, and can cultivate under-prepared leaders in the family child care profession.<br><br>Glossary<br>None<br><br>Explanation of change<br>Specified types of groups to seek out. Because of the psychological value of this indicator in work performance, recommend this indicator become starred. |

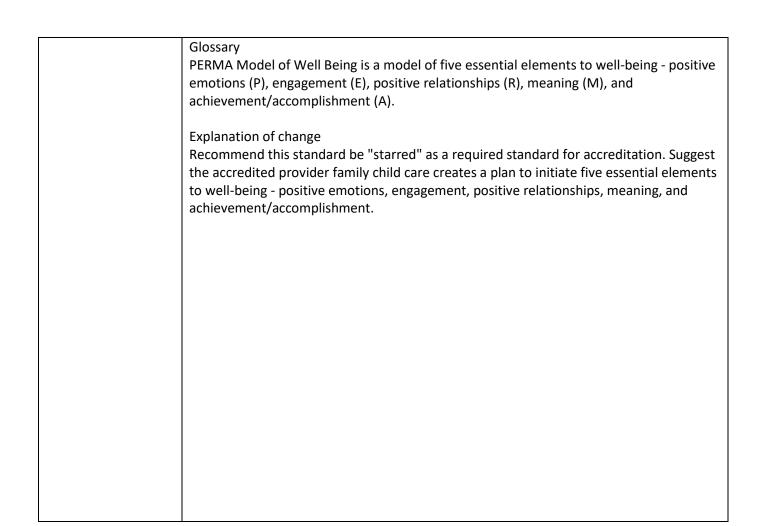| | |
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| 5.10 The provider takes precautions to minimize personal stress. | 5.10 The provider takes precautions and is proactive in minimizing personal stress.<br><br>References<br><br>Hall-Kenyon, K.M., Bullough, R.V., MacKay, K.L. & Marshall, E.E. (2014). Preschool teacher well-being: A review of the literature. Early childhood education journal, 42, 153-162. https://doi.org/10.1007/s10643-013-0595-4<br><br>Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and well-being. Free Press.<br><br>Stephan, U. (2018). Entrepreneurs mental health and well-being: A review and research agenda. Academy of Management Perspectives, 32(3), 290-322. https://doi.org/10.5465/amp.2017.0001<br><br>Todd, C.M & Deery-Schmitt, D.M. (1996). Factors affecting turnover among family child care providers: A longitudinal study, Early Childhood Research Quarterly, 11(3), 351-376. https://doi.org/10.1016/S0885-2006(96)90012-5.<br><br>Summary<br>Recommend this become a starred standards for accreditation. Research indicates providers who had been caring for children between 2 and 8 years reported the highest levels of job stress and turnover, although turnover rates were also high during the first 2 years of beginning family child care. Current self-care models used to assess employees are not appropriate for family child care providers who are entrepreneurs. Mental health and well-being models for family child care providers are effective when dynamic, socialized, open to considering context, acknowledges variability and fluidity across entrepreneurs life domains, and the centrality of the family child care providers work to their identity.<br><br>Recommendation for more self- monitoring early childhood teachers well-being, including self-efficacy, life satisfaction, financial stability, emotional and physical health, and autonomy. |

Glossary
PERMA Model of Well Being is a model of five essential elements to well-being - positive emotions (P), engagement (E), positive relationships (R), meaning (M), and achievement/accomplishment (A).

Explanation of change
Recommend this standard be "starred" as a required standard for accreditation. Suggest the accredited provider family child care creates a plan to initiate five essential elements to well-being - positive emotions, engagement, positive relationships, meaning, and achievement/accomplishment.

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| NEW | 5.X. The provider will complete a 1, 2, or 3-year strategic planning and identification of quality improvement opportunities including parent and staff input.<br><br>References<br>Anderson, P. F. (1982). Marketing, strategic planning and the theory of the firm. Journal of marketing, 46(2), 15-26. https://doi.org/10.1177/002224298204600203<br>Mintzberg, H. (1985). The Nature of Managerial Roles. Harper & Row<br><br>Summary<br>According to Mintzbergs management theory managers function in roles and behaviors categorized as interpersonal (figurehead, leader, liaison), informational (monitor, disseminator, spokesperson), and decisional (entrepreneur, disturbance handler, resource allocator, and negotiator) in leading companies. Marketing and other functional areas have a role in the goal setting and strategic planning process.<br><br>Glossary<br>Strategic planning a method to improve performance measurement and monitoring to achieve overall organizational objectives.<br><br>Explanation of change<br>Accredited family child care providers in their entrepreneurial roles can benefit from the relationship of strategic planning on their business performance. |

| NEW | 5.Y. The provider will create and supervise an advisory team/board of directors that incorporates and advise on topics and projects on program improvement. |
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| | References<br>Cowen, S. S. & Osborne, R. L. (1993). Board of directors as strategy. Journal of general management, 19(2), 1-13. http://doi.org/10.1177/030630709301900201<br><br>Chambers, N., Harvey, G., Mannion, R., Bond, J., & Marshall, J. (2013). Towards a framework for enhancing the performance of NHS boards: a synthesis of the evidence about board governance, board effectiveness and board development. NIHR Journals Library. https://www.ncbi.nlm.nih.gov/books/NBK259417/<br><br>Summary<br>According to stewardship theory, the goals of board directors and/or advisory boards and of their managers are aligned. Managers are intrinsically motivated to act in the best interests of the organization and to focus on intangible rewards such as opportunities for personal growth and achievement. Family child care providers may benefit from the added economic, human, intellectual, and opportunity value for program development and performance. Advisory councils are an approach using relationship-marketing principles as a foundation for building trust and commitment while increasing a business human, intellectual, and financial resources.<br><br>Glossary<br>Advisory board - a body that provides non-binding strategic advice to the management of a corporation, organization, or foundation.<br>Board of directors - a company executive committee that jointly supervise the activities of a profit or non-profit business, organization, or a government agency<br><br>Explanation of change<br>Accredited family child care providers in their entrepreneurial roles can benefit from building and incorporating human and intellectual relationships to improve program development and performance. |

| NEW | 5.Z. The provider will complete an annual program evaluation incorporating the perspectives of the parents and staff to monitor and assess ongoing accountability of program objectives and goals. |
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| | References<br>Pushor, D., & Murphy, B. (2004). Parent marginalization, marginalized parents: Creating a place for parents on the school landscape. Alberta Journal of Educational Research, 50(3), 221-235. https://www.researchgate.net/profile/Debbie-Pushor/publication/232530315_Parent_Marginalization_Marginalized_Parents_Creating_a_Place_for_Parents_on_the_School_Landscape/links/5b61ea25a6fdccf0b206b540/Parent-Marginalization-Marginalized-Parents-Creating-a-Place-for-Parents-on-the-School-Landscape.pdf<br><br>Taut, S. (2008). What have we learned about stakeholder involvement in program evaluation? Studies in Educational Evaluation, 34(4), 224-230. https://doi.org/10.1016/j.stueduc.2008.10.007<br><br>Wholey, J. S. (1987). Evaluability assessment: Developing program theory. New directions for program evaluation, 33, 77-92. https://eric.ed.gov/?id=EJ355035<br><br>Summary<br>Parents may be positioned in marginalized ways in their children's schooling. Families are their child's first teacher and that they know their child best. Programs with parent and staff input involves assessment of academic and support programs to improve the quality of educational programs by improving children's learning.<br><br>Glossary<br>Program assessment - systematic and ongoing method of gathering, analyzing, and using information from various sources about a program and measuring program outcomes to improve student learning.<br><br>Explanation of change<br>Accredited family child care providers already complete an initial and renewal program |

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| | evaluation. This indicator recommends the program evaluation occurs at minimum annually. |
| RESOURCE & REFERRAL | |

| 5.11 The provider shares information with parents about common child-rearing issues such as temper tantrums and signs of infectious disease. | 5.11 The provider shares information and develops a collaborative connection with parents about common child-rearing issues/practices, such as temper tantrums and signs of infectious disease.<br><br>References<br>Cazier, J.A., Shao, B.B.M. & Louis, R.D.S. (2007). Sharing information and building trust through value congruence. Information Systems Frontiers, 9, 515.529 (2007). https://doi.org/10.1007/s10796-007-9051-6<br><br>Zaheer, N., & Trkman, P., (2016). An information sharing theory perspective on willingness to share information in supply chains. The International Journal of Logistics Management, 28(2), 1-29. http://doi.org/10.1108/IJLM-09-2015-0158<br><br>Summary<br>In the information sharing theory, trust is the most important antecedent for willingness to share as well as commitment, reciprocity, and determining family willingness to disclose personal information. It is crucial that family child care providers understand families' child-rearing practices that can vary in such areas as methods of discipline, expression of affection, and degree of permissiveness.<br><br>Glossary<br>Common child -rearing practices - a pattern of raising children that is specific to a particular society, subculture, family, or period in cultural history.<br><br>Explanation of change<br>Accredited family child care providers develop open communication and build relationships with families where personal information and social/cultural practices may be revealed that may influence children's outcomes. |

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| 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. | 5.12 The provider understands the responsibility to report suspicious cases of child abuse and maltreatment.<br><br>5.12a The provider follows their states mandatory reporter protocol to the appropriate child protective services if they suspect child abuse and maltreatment in the families of the children in their care.<br><br>References<br>Children Bureau. (2021). Child Abuse Prevention and Treatment Act. U.S. Department of Health and Human Services. https://www.acf.hhs.gov<br><br>Levi BH, Crowell K. Child Abuse Experts Disagree About the Threshold for Mandated Reporting. Clinical Pediatrics. 2011;50(4):321-329. doi:10.1177/0009922810389170<br><br>Liu, B. C. C., & Vaughn, M. S. (2019). Legal and policy issues from the United States and internationally about mandatory reporting of child abuse. International journal of law and psychiatry, 64, 219-229. https://doi.org/10.1016/j.ijlp.2019.03.007<br><br>Child Welfare Information Gateway. (2019). Mandatory reporters of child abuse and neglect. Children's Bureau. U.S. Department of Health and Human Services. https://www.childwelfare.gov<br><br>Summary<br>There is no consensus in how experts on child abuse interpret reasonable suspicion to report. Lack of a uniform definition of what constitutes child abuse causes problems for mandatory reporters, ranging from false arrest and malicious prosecution to failure to investigate ongoing child abuse. Therefore, the provider follows their states' laws identifying child abuse and maltreatment protocol.<br><br>Glossary<br>Mandated reporter - in their official capacity, suspects or has reason to believe that a child has been abused, maltreated, or has knowledge of, or observes a child being subjected to, conditions that would reasonably result in harm to the child. |

| | Explanation of change |
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| | Recommend this indicator become starred for all family child care providers. Yet, due to the circumstances of reporting which vary from state to state, a mandatory reporter must follow their individual state's child abuse and maltreatment protocol. |

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| 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, and child care subsidies. | 5.13 The provider has information about school and family partnerships and community resources that offer services to families/guardian's and children in their primary language whenever possible. These resources may include but are not limited to physical and mental health, nutrition/fitness, child care resource and referral, special needs, care for infants, including breast feeding supports, and child care subsidies.<br><br>References<br>Epstein, J. L. (1994). Theory to practice: School and family partnerships lead to school improvement and student success. In C.L. Fagnano & B.Z. Werber (Eds.). School, family and community interaction: A view from the firing lines, (1st ed., 39-52). Routledge. https://doi.org/10.4324/9780429305375<br><br>Kumpfer, K. L., Xie, J., MagalhÃes, C., & Brown, J. (2019). Strengthening Families Enrichment Program. Encyclopedia of Couple and Family Therapy, 2812-2819. https://doi.org/10.1007/978-3-319-49425-8_374<br><br>Reynolds, D. (1998). The consultant sociologist: A method for linking sociology of education and teachers. In P. Woods & A. Pollard (Eds.). Sociology and teaching: A new challenge for the sociology of education, (1st ed.,158-175). Routledge. https://doi.org/10.4324/9781315213873<br><br>Summary<br>Institutions share the major responsibilities for children's education and development including school, peer group, family, community. These partnerships are sphere of influence on children's learning and development and can assure that information flows between school information to home and family information to school.<br><br><br>Glossary<br>School and family partnerships - a shared responsibility and reciprocal process whereby schools and other community agencies and organizations engage families in meaningful and culturally appropriate ways, and families take initiative to actively supporting their children's development and learning.<br><br>Explanation of change |

| | Family child care providers have an opportunity to strengthen families through partnerships that address protective factors - parental resilience, social connections, concrete supports, knowledge of parenting and child development, and social and emotional competence of children. |
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| 5.14 The provider informs parents about tax credits, child care subsidies, and employer child care benefits if available. | 5.14 The provider informs families about tax information, such as tax credits, child care subsidies, and employer child care benefits, if available.<br><br>References<br>Doherty, N.F. & Tajuddin, S.T. (2018). Towards a user-centric theory of value-driven information security compliance, Information Technology & People, 31(2), 348-367. https://doi.org/10.1108/ITP-08-2016-0194<br><br>Internal Revenue Service. (2021). Child and dependent care information. https://www.irs.gov<br><br>Zaheer, N., & Trkman, P., (2016). An information sharing theory perspective on willingness to share information in supply chains, The International Journal of Logistics Management 28(2), 1-29. http://doi.org/10.1108/IJLM-09-2015-0158<br><br>Summary<br>In the information sharing theory, trust is the most important antecedent for willingness to share as well as commitment, reciprocity, and determining family willingness to disclose personal information. Users' perception of information value has a marked impact upon their willingness to comply with security policies and protocols.<br><br>Glossary<br>None<br><br>Explanation of change<br>Providers share tax information and provide forms to their families. |
| ADD: Developmental Screening - See 5.8 | See 5.8 |
| BUSINESS CONTRACT & POLICIES | |

| 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. | 5.15 The provider follows an enrollment process that facilitates an exchange of information between the provider and family, working to ensure a good match. Discussion includes a description of the program and policies as well as families' values and wishes around such topics as eating, sleeping, toileting, and learning and discipline. |
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References

Bursic, K. M., & Atman, C. J. (1997). Information gathering: A critical step for quality in the design process. Quality Management Journal, 4(4), 60-75. https://doi.org/10.1080/10686967.1998.11919148

Cazier, J.A., Shao, B.B.M. & Louis, R.D.S. (2007). Sharing information and building trust through value congruence. Information Systems Frontiers, 9, 515-529 (2007). https://doi.org/10.1007/s10796-007-9051-6

Copple, C., Bredekamp, S., & National Association for the Education of Young Children. (2009). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children.

Gremler, D. D., & Gwinner, K. P. (2000). Customer-employee rapport in service relationships. Journal of Service Research, 3(1), 82-104. https://doi.org/10.1177/109467050031006

Zaheer, N., & Trkman, P., (2016). An information sharing theory perspective on willingness to share information in supply chains. The International Journal of Logistics Management, 28(2), 1-29. http://doi.org/10.1108/IJLM-09-2015-0158

Summary
Providers may not gather enough information to adequately satisfy customers' needs in the design process of the initial provider-family relationship. In the information sharing theory, trust is the most important antecedent for willingness to share as well as commitment, reciprocity, and determining family willingness to disclose personal information. It is crucial that family child care providers understand families' child-rearing practices that can vary in such areas as methods of discipline, expression of

affection, and degree of permissiveness. Rapport is positive in the customer-employee relationship that also promotes loyalty intent, satisfaction, and word-of-mouth communication.

Glossary
Child -rearing practices - a pattern of raising children that is specific to a particular society, subculture, family, or period in cultural history.

Explanation of change
Family child care providers develop open communication and build relationships with families where personal information and differing social/cultural practices may be revealed that may influence children's outcomes and the provider family relationship.

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| 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. | 5.16 Prospective families receive from the provider the names and telephone numbers of three current or recently enrolled families with those families' prior permission. If unavailable, the provider provides character references.<br><br>References<br>Feeney, Stephanie. (2005). Ethics and the early childhood educator: Using the NAEYC code. National Association for the Education of Young Children. https://naeyc.org<br><br>Solomon, R. C. (1992). Ethics and excellence: Cooperation and integrity in business. https://philpapers.org<br><br>Summary<br>The corporation is a community in search for excellence, the importance of integrity and sound judgment, demonstrating a cooperative and humane vision of business. Solomon stresses the virtues of honesty, trust, fairness, and compassion in the competitive business world, and confronts the problem of "moral mazes" and what he posits as its solution--moral courage. A written code unifies early childhood and apply to everyone who works with young children.<br><br>Glossary<br>NAEYC code of ethical conduct - codification of early childhood professional values and standards, spells out moral responsibilities to society, and provides guidelines for moral behavior.<br><br>Business references - recommendation from a business contact that helps families determine whether you're a good<br>fit for the role and provide a competitive advantage over other candidates. |

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| 5.17 The provider or sponsoring agency has a signed child care contract with each family. Child Care Contract - Areas covered in the contract include: Hours, Fees, Payment, schedule, Provider's and child's vacation, Provider's and child's sick leave and absences, Responsibility for alternate care, and Termination policy | 5.17 The provider or sponsoring agency has a signed child care contract with each family. The child care contract shall include but is not limited to: Hours of service, Fees, Payment schedule, Provider's and child's vacation, Provider's and child's sick leave, Provider's and child's absence policy, Responsibility for alternate care, and Termination policy<br><br>References<br>Hou, J. & Neely, A. (2018). Investigating risks of outcome-based service contracts from a provider's perspective, International Journal of Production Research, 56(6), 2103-2115. https://doi.org/10.1080/00207543.2017.1319089<br><br>Summary<br>The risk in outcome-based service contracts may be found in initial negotiations and decisions at the contracting stage and operational risk in the implementation and the delivery of the contract.<br><br>Glossary<br>Service contract - is used to record the agreement between the provider and the families to regulate all aspects of the services to be supplied by the family child care provider and the general business relationship between the parties.<br><br>Explanation of change<br>To clarify the service and risk at the contract and delivery of the family child care contracts. |

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| 5.18 Updated 2017 The provider operates according to the agreed-upon terms of the contract with parents and provides notification in advance of any planned changes. | 5.18 The provider operates according to the agreed-upon terms of the contract with families/guardians.<br><br>5.18a In the event of a contract amendment issues that came up after the original contract pertinent to the child/family/guardian. Changes reflected via addendum indicating provider and family notification date is acceptable.<br><br>5.18b In the event of a major contract modification that influences all the families, the provider provides a minimum 60 days advanced notification, offer meetings to explain the modification, and requires new signatures of provider and family/guardian.<br><br>References<br>Cucchiara, M., Gold, E., & Simon, E. (2011). Contracts, choice, and customer service: Marketization and public engagement in education. Teachers College Record, 113(11), 2460-2502. https://www.tcrecord.org<br><br>Hou, J. & Neely, A. (2018). Investigating risks of outcome-based service contracts from a provider's perspective, International Journal of Production Research, 56(6), 2103-2115. https://doi.org/10.1080/00207543.2017.1319089<br><br>Van Slyke, D. M. (2007). Agents or stewards: Using theory to understand the government-nonprofit social service contracting relationship, Journal of Public Administration Research and Theory, 17(2), 157-187. https://doi.org/10.1093/jopart/mul012<br>U.S.A. Gov. (2021). Lawyers and legal advice. https://www.usa.gov<br><br>Summary<br>The risk in outcome-based service contracts may be found in initial negotiations and decisions at the contracting stage and operational risk in the implementation and the delivery of the contract. Marketization of education shapes the opportunities for engagement and direction such as a corporate governance structure, an emphasis on communication, widespread contracting out for services, an increase in school choice, and a focus on customer service. Using agency and stewardships theories, the use of trust, reputation, and monitoring, and other factors influence the way non-profit |

businesses are managed which evolves over time from principal-agent to a principal-steward relationship.

Glossary
Service contract is used to record the agreement between the provider and the families to regulate all aspects of the services to be supplied by the family child care provider and the general business relationship between the parties.

Contract is an agreement between private parties creating mutual obligations enforceable by law. The basic elements required for the agreement to be a legally enforceable contract are 1) mutual assent; 2) expressed by a valid offer and acceptance; 3) adequate consideration; 4) capacity; and 5) legality.

A contract modification refers to a situation where the contracting parties agree to change the terms of their original agreement as agreed by all parties to any changes or else the modification will not be considered valid.

Policy is the general principles by which a government is guided in its management of public affairs, or the legislature in its measures.

Amendments are used to add on forgotten provisions or address a need that became apparent after the contract began.

Explanation of change
To clarify the service and risk at the contract and delivery of the family child care contracts on provider-family relationships that will evolve over time. The provider must continually review contracts as part of their customer service.

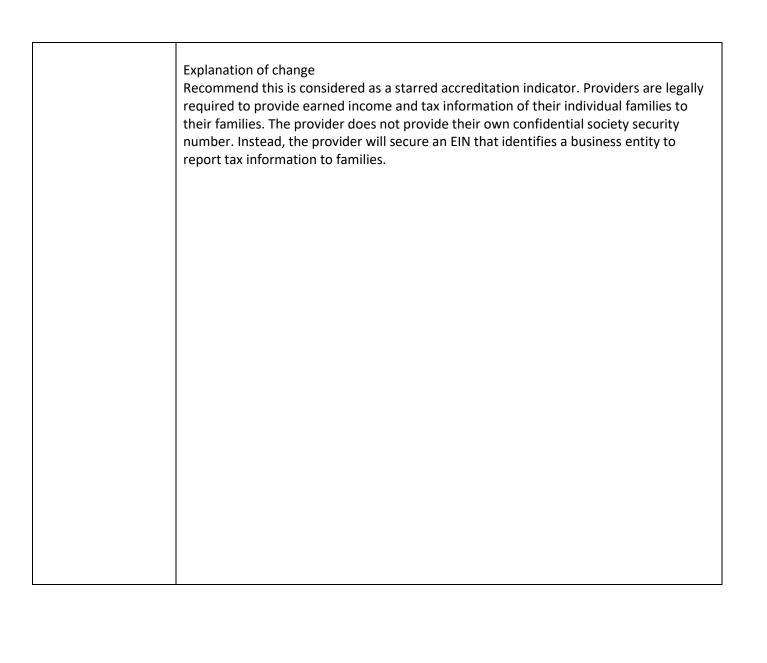| | |
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| 5.19 Updated 2017 The provider gives parents receipts upon payment of fees upon parent request. If the fees are subsidized the provider will give receipts of parent co-payments upon parent request. Provider will give parents her employee identification number (EIN) upon request. | 5.19 *The provider provides paid receipts for family payment of fees or families receiving scholarships or subsidized funding, upon request.<br><br>5.19a *Family child care providers are legally required to send an annual statement of fees paid or funding received to each family by January 31st.<br><br>5.19b *Accredited family child care providers will secure an employee identification number (EIN)/9-digit Federal Tax Identification number that identifies a business entity.<br><br>References<br>Internal Revenue Service. (2021). Child and dependent care information. https://www.irs.gov<br><br>International Organization of Standardization. (2021). Certification and conformity. ISO. https://www.iso.org<br><br>Zaheer, N., & Trkman, P., (2016). An information sharing theory perspective on willingness to share information in supply chains, The International Journal of Logistics Management 28(2), 1-29. http://doi.org/10.1108/IJLM-09-2015-0158<br><br>Summary<br>In the information sharing theory, trust is the most important antecedent for willingness to share as well as commitment, reciprocity, and determining family willingness to disclose personal information. Users' perception of information value has a marked impact upon their willingness to comply with security policies and protocols. ISO 15489-1 defines the international concepts and principles to the creation, capture and management of records.<br><br>Glossary<br>ISO 15489-1:2016 describes international concepts and principles relating to: a) records, meta data for records and records systems; b) policies, assigned responsibilities, monitoring and training supporting the effective management of records; c) recurrent analysis of business context and the identification of records requirements; d) records controls; and e) processes for creating, capturing, and managing records. |

| | Explanation of change<br>Recommend this is considered as a starred accreditation indicator. Providers are legally required to provide earned income and tax information of their individual families to their families. The provider does not provide their own confidential society security number. Instead, the provider will secure an EIN that identifies a business entity to report tax information to families. |
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| 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. | 5.20 *If a child receives an injury beyond a minor scrape or bruise, the provider contacts the family/guardian immediately.<br><br>5.20a *The provider provides the family/guardian a written accident report within 24 hours of the incident with copy stored as required by the state or in the event of report with a state regulatory body for 3 years, whichever is more.<br><br>5.20b *The report describes the incident, action taken, medical remedy (if needed) and outcome, how the child responded, location and time of the incident, and the name of the persons involved.<br><br>References<br>Centers for Disease Control & Prevention. (2021). Accidents or unintentional injuries. National center for health statistics. https://www.cdc.gov<br><br>Centers for Disease Control & Prevention. (2021). To make a report. National center for health statistics. https://www.cdc.gov<br><br>Ehrhardt, J., Xu, Y., Khoury, J., Yolton, K., Lanphear, B., & Phelan, K. (2017). Cognitive and motor abilities of young children and risk of injuries in the home. Injury prevention, 23(1), 16-21. http://dx.doi.org/10.1136/injuryprev-2016-042031<br><br>Schwebel, D. C. (2019). Why "accidents" are not accidental: Using psychological science to understand and prevent unintentional child injuries. American Psychologist, 74(9), 1137-1147. https://doi.org/10.1037/amp0000487<br><br>Webb, G. R., Redman, S., Wilkinson, C., & Sanson-Fisher, R. W. (1989). Filtering effects in reporting work injuriesâˆ—. Accident Analysis & Prevention, 21(2), 115-123. https://doi.org/10.1016/0001-4575(89)90081-X<br><br>U.S. Department of Labor. (2021). OSHA Injury and Illness Recordkeeping and Reporting Requirements. Occupational safety & health administration. https://www.osha.gov |

Summary

Injuries are the leading cause of death for American children, killing over 11,000 children in 2017. Unintentional injuries are generally preventable, and in the use of psychological science, such as injury prevention theory, we may develop, evaluate, implement, and disseminate effective prevention strategies that target the child, the adult supervisor, and the environment. Developmental or delayed cognitive and motor abilities of young children increase the risk of injuries in the home. The Filter Model describes the way in which information about a given injury proceeds through a series of levels. Between each level is a "filter" or barrier that is selectively permeable, ensuring that information about some, but not all, injuries will pass through to the next level. According to the Occupational Safety and Health Administration (OSHA), many employers with more than 10 employees are required to keep a record of serious work-related injuries and illnesses. Minor injuries requiring first aid only do not need to be recorded; a fatality must be reported within 8 hours, and an in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.

Glossary
Major safety hazard is one where the risk of serious injury is very high such as a head injury.

Minor safety hazard is either one where the consequences would not be great or an accident is not likely, due, for example, to the nature of the supervision, the characteristics of the children in the group, or the likelihood of exposure to the hazard. Consider the seriousness of the hazard and how likely it is to cause a problem based on relative considerations

Unintentional injuries are injury events that can be studied, understood, and prevented. An injury event can be characterized as either unintentional or intentional. Unintentional injuries are typically classified according to the means of their occurrence: poisoning, burns and scalds, drowning, falls and transport related. Injuries traditionally regarded as random, unavoidable 'accidents,' both unintentional and intentional - are now regarded as largely preventable.

Explanation of change
Expanded the definition of major and minor injuries; separated into individual indicators;

| | added Occupational Safety and Health Administration (OSHA) requirements for reporting and recordkeeping. Expanded information to include on the incident report form. |
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| 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. | The provider implements an illness policy signed by the family and embedded in the contract:<br><br>5.21 The provider implements and shares with families an illness policy defining when ill children will be accommodated and/or separated from the other children to provide comfort and minimize transference of the illness.<br><br>5.21aThe provider implements and shares with families an illness policy defining severe and/or or contagious symptoms that require notification of family or back-up adult contact to pick up child.<br>The family/guardian has four hours to pick up child after provider notification.<br><br>5.21b  The provider implements and shares with families an illness policy defining "severe or contagious symptoms" that complies with local licensing requirements or CFOC3 guidelines whichever is most restrictive.<br><br>5.21c  The provider implements and shares with families an illness policy stating families /guardians are to notify the program if their child or family member has a contagious illness.<br><br>5.21d  Parents/guardians are notified in the event of a contagious condition in the program<br><br>References<br>American Academy of Pediatrics. (2021). Prevent getting sick. https://www.aap.org/<br><br>Centers for Disease Control & Prevention. (2021). Prevention. National center for health statistics. https://www.cdc.gov<br><br>Silberberg, M., & Martinez-Bianchi, V. (2019). Community and stakeholder engagement. Primary care: Clinics of office practice, 46(4), 587. https://www.primarycare.theclinics.com |

U.S. Centers for Medicaid and Medicare Services (2021). Preventative health services Department of Health and Human Services. https//www.healthcare.gov

Summary
According to Dunn's health-illness continuum theory, there is a dynamic shift in health where we can be at our optimal health with no disease and through our genetics, environment, diet, injury, or aging we can develop a disease and our health deteriorates. Preventive or routine care/practices helps detect or prevent serious diseases and medical problems before they can become major.

Glossary
Preventive care helps detect or prevent serious diseases and medical problems before they can become major.

Explanation of change
Created two indicators, one for mild illness; one for illness where removal is necessary.

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| 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. | 5.22 The provider gives written policies to parents. Areas covered in written policies may include but are not limited to:<br>- Substitute care arrangement<br>- Persons authorized to pick up child<br>- Illness<br>- Medication administration<br>- Emergencies<br>- Guidance and discipline<br>- Developmentally appropriate learning activities<br>- Inclusion<br>- Mandated reporter of child abuse<br>- Confidentiality<br>- Safe sleep<br>- The use of screen media<br>- Parent participation and conference<br>- Results of lead in water, paint or soil tests<br>- Lead hazards prevention<br>- Family participation<br>- Developmental and academic assessment<br>- Family conferences<br>- Transitions<br>If relevant, transportation, field trips, and religious activities and teaching are also included in written policies. See the Health and Safety lead standard section for more details on lead hazards.<br><br>References<br>Cucchiara, M., Gold, E., & Simon, E. (2011). Contracts, choice, and customer service: Marketization and public engagement in education. Teachers College Record, 113(11), 2460-2502. https://www.tcrecord.org<br><br>Hou, J. & Neely, A. (2018). Investigating risks of outcome-based service contracts from a provider's perspective, International Journal of Production Research, 56(6), 2103-2115. https://doi.org/10.1080/00207543.2017.1319089 |

Van Slyke, D. M. (2007). Agents or stewards: Using theory to understand the government-nonprofit social service contracting relationship, Journal of Public Administration Research and Theory, 17(2), 157-187. https://doi.org/10.1093/jopart/mul012

Summary
The risk in outcome-based service contracts may be found in initial negotiations and decisions at the contracting stage and operational risk in the implementation and the delivery of the contract. Marketization of education shapes the opportunities for engagement and direction such as a corporate governance structure, an emphasis on communication, widespread contracting out for services, an increase in school choice, and a focus on customer service. Using agency and stewardships theories, the use of trust, reputation, and monitoring, and other factors influence the way non-profit businesses are managed which evolves over time from principal-agent to a principal-steward relationship. See the Health and Safety lead standard section for more details on lead hazards.

Glossary
Service contract  - used to record the agreement between the provider and the families to regulate all aspects of the services to be supplied by the family child care provider and the general business relationship between the parties.

Contract  - an agreement between private parties creating mutual obligations enforceable by law. The basic elements required for the agreement to be a legally enforceable contract are 1) mutual assent; 2) expressed by a valid offer and acceptance; 3) adequate consideration; 4) capacity; and 5) legality.

Policy - the general principles by which a government is guided in its management of public affairs, or the legislature in its measures.

Explanation of change
Added references; added lead indicators; to clarify the service and risk at the contract and delivery of the family child care contracts on provider-family relationships that will

| | evolve over time. The provider must continually review policies as part of their customer service. |
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| 5.23 Updated 2017<br>The program is covered by insurance, including accident insurance for children and assistants (if employed), professional business liability insurance, and vehicle insurance. | 5.23 The program is covered by insurance, including accident insurance for children and assistants (if have staff), professional business liability insurance, and vehicle insurance.<br><br>References<br>Ericson, R. V., & Doyle, A. (2004). Uncertain business: Risk, insurance and the limits of knowledge. University of Toronto Press.<br><br>Masci, P. (2011). The history of insurance: risk, uncertainty and entrepreneurship. Business and Public Administration Studies, 6(1), 25-68. https://www.bpastudies.org<br><br>U.S. Small Business Insurance. (2021). Get business insurance. U.S. SBA. https://www.sba.gov<br><br>Summary<br>Insurance is to reduce financial uncertainty and make accidental loss manageable.<br><br>Glossary<br>Insurance is the oldest method of transferring risk, which was developed to mitigate trade/business risk.<br><br><br>Explanation of change<br>Added references |
| RECORDKEEPING | |

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| 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. | 5.24 The provider uses an organized system to create a child intervention program that includes developmental protocol at entry, on-going, and referral (if needed) for each child.<br><br>5.24a The provider uses an organized system to create a child assessment program that includes developmental protocol at entry, on-going, and referral (if needed) for each child. These notes include the children's interests, accomplishments, concerns, and behaviors in the form of observation notes, photos, checklists, work samples on a frequent and consistent basis.<br><br>5.24b The assessment documentation should also contain information across all the cognitive (creative [music, art], math, social studies, science, communication/language/literacy, cognitive processes); affective (social/emotional), and psychosocial (physical development and motor skills and approaches to play and learning) learning domains.<br><br>5.24c Assessment documentation is used to inform program planning, family/guardian conferences and conversations and monitoring progress.<br><br>References<br>Copple, C. & Bredekamp, S. (Ed.) (1987). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children. http://www.naeyc.org<br><br>Ford, L., Kozey, M. L., & Negreiros, J. (2012). Cognitive assessment in early childhood: Theoretical and practice perspectives. In D. P. Flanagan & P. L. Harrison (Eds.), Contemporary intellectual assessment: Theories, tests, and issues, 585-622. The Guilford Press.<br><br>Forehand, M. (2010). Bloom's taxonomy. Emerging perspectives on learning, teaching, and technology, 41(4), 47-56. https://www.d41.org<br><br>Greenspan, S. I., & Wieder, S. (2003). Infant and Early Childhood Mental Health: A Comprehensive Developmental Approach to Assessment and Intervention. Zero to Three |

(J), 24(1), 6-13.

Kranzler, J. H., Flores, C. G., & Coady, M. (2010). Examination of the cross-battery approach for the cognitive assessment of children and youth from diverse linguistic and cultural backgrounds. School Psychology Review, 39(3), 431-446.

Summary
Best practice in the contemporary assessment of children in the early years requires knowledge and a solid and fluent understanding of early child development, awareness of the different measures currently available to assess cognitive, affective, and psychosocial abilities in young children, and specific knowledge of considerations unique to the cognitive assessment of young children. Used to determine children's strengths, weaknesses, and progress to set goals for cognitive/mental instruction, social/emotional, and physical ability.

Glossary
Intervention - the act of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning)

Assessment - the wide variety of methods or tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition, or educational needs of students

Affective - the wide variety of methods or tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition, or educational needs of students

Cognition - the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.

Psychosocial - the combined influence of mind and behavior factors and the surrounding social environment and what they have on a person's physical and mental wellness and their ability to function. Factors, such as social support, loneliness, marriage status, social

| | disruption, bereavement, work environment, social status, and social integration |
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| | Explanation of change |
| | Recommend this standard be accepted and "starred" as a required standard for accreditation. |

| 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. | 5.25 The provider gathers information about the children and their families to guide programming and planning, such as special needs, fears, food preferences, important holidays and traditions and updates the information as needed. |
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| | **References**<br>Boudett, K. P., City, E. A., & Murnane, R. J. (Eds.). (2013). Data Wise: A step-by-step guide to using assessment results to improve teaching and learning. Harvard Education Press. https://www.ascd.org<br><br>Pierre, E., & Oughton, J. (2007). The Affective Domain: Undiscovered Country. College Quarterly, 10(4), 1-7.<br><br>Forehand, M. (2010). Bloom's taxonomy. Emerging perspectives on learning, teaching, and technology, 41(4), 47-56. https://www.d41.org<br><br>Zaheer, N., & Trkman, P., (2016). An information sharing theory perspective on willingness to share information in supply chains, The International Journal of Logistics Management 28(2), 1-29. http://doi.org/10.1108/IJLM-09-2015-0158<br><br>**Summary**<br>In the information sharing theory, trust is the most important antecedent for willingness to share as well as commitment, reciprocity, and determining family willingness to disclose personal information. Provider may stimulate affective learning by gathering personal information to use as an expression of positive reinforcement that may move children toward desired attitude formation or change. According to Bloom's taxonomy, affective domain of learning is one of three domains dealing with growth in character or conscience.<br><br>**Glossary**<br>Affective domain includes the way we deal with things emotionally, such as feelings, values, appreciation, enthusiasms, motivations, and attitudes. |

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| | Added references |

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| 5.26 *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. | 5.26 The provider maintains updated medical information for each child, which is signed by the child's family/guardians. These include but are not limited to child's allergies, chronic illness, immunizations (or written documentation of objections), hearing, visual, dental, and other known health or medical conditions.<br><br>5.26a The provider requires immunization, hearing, visual, and dental, records of school-agers (Pre K â€" 12 years old) as required by the family/guardian's school system<br><br>References<br>Kumpfer, K. L., Xie, J., Magalhales, C., & Brown, J. (2019). Strengthening Families Enrichment Program. Encyclopedia of Couple and Family Therapy, 2812-2819. https://doi.org/10.1007/978-3-319-49425-8_374<br><br>Meisels, S. J., & Shonkoff, J. P. (2000). Early childhood intervention: A continuing evolution. In J. P. Shonkoff & S. J. Meisels (Eds.), Handbook of early childhood intervention (pp. 3-31). Cambridge University Press. https://doi.org/10.1017/CBO9780511529320.003<br><br>Odom, S. L., & Wolery, M. (2003). A unified theory of practice in early intervention/early childhood special education: Evidence-based practices. The Journal of Special Education, 37(3), 164-173.https://doi.org/10.1177/00224669030370030601<br><br>Ramey, C. T., & Ramey, S. L. (1998). Early intervention and early experience. American Psychologist, 53(2), 109-120. https://doi.org/10.1037/0003-066X.53.2.109<br><br>Summary<br>In the last decade, the influence of early intervention is preventative theorized broadly by a unified theory of practice drawn from a range of psychological and educational theories, such as social systems theory, biosocial developmental contextualism, social ecology, developmental systems theory, developmental epidemiology, and developmental neurobiology to strengthen family's ability to meet family needs.<br><br>Glossary<br>Unified theory of practice is a strong, evidence-based set of practices that service |

| | providers and caregivers use to promote the development and well-being of infants and young children and their families.

Explanation of change
Added preventive records of school-agers (Pre K - 12 years old); hearing, visual, dental conditions. |

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| 5.27 *If children are transported or go on field trips, the provider has signed permission from parent(s). | 5.27 *If children are transported or go on field trips, the provider has signed permission from family/guardian. Although basic information such as details of the trip (address, time leave, time return, adults present), family/guardian signature area, the permission form will be unique to each field trip and present in the provider's hands during field trip along with each child's emergency contact permission and record.<br><br>References<br>Bursic, K. M., & Atman, C. J. (1997). Information gathering: A critical step for quality in the design process. Quality Management Journal, 4(4), 60-75. https://doi.org/10.1080/10686967.1998.11919148<br><br>Cazier, J.A., Shao, B.B.M. & Louis, R.D.S. (2007). Sharing information and building trust through value congruence. Information Systems Frontiers, 9, 515-529 (2007). https://doi.org/10.1007/s10796-007-9051-6<br><br>Copeland, T. (2021). Taking care of business. http://tomcopelandblog.com/<br><br>Copple, C., Bredekamp, S., & National Association for the Education of Young Children. (2009). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children.<br><br>Gremler, D. D., & Gwinner, K. P. (2000). Customer-employee rapport in service relationships. Journal of Service Research, 3(1), 82-104. https://doi.org/10.1177/109467050031006<br><br>Van Slyke, D. M. (2007). Agents or stewards: Using theory to understand the government-nonprofit social service contracting relationship, Journal of Public Administration Research and Theory, 17(2), 157-187. https://doi.org/10.1093/jopart/mul012<br><br>Summary<br>The provider has legal contract responsibilities for the safety and service to children |

during transportation. According to Tom Copeland, the transportation form must be legally sound to be considered credible the form should have unique information describing each field trip.

Glossary

None

Explanation of change
Add references and specified what information should be included in a transportation form.

| 5.28 Updated 2017 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. | 5.28 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 by the adult that bring the child and the adult that picks up the child. |
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| | 5.28a The family/guardian will ensure a permission slip arrangements have been made to allow providers to sign their child in if they are school age/alternative transportation. |
| | References <br> Doherty, N.F. & Tajuddin, S.T. (2018). Towards a user-centric theory of value-driven information security compliance, Information Technology & People, 31(2), 348-367. https://doi.org/10.1108/ITP-08-2016-0194 |
| | Internal Revenue Service. (2021). Child and dependent care information. https://www.irs.gov |
| | Zaheer, N., & Trkman, P., (2016). An information sharing theory perspective on willingness to share information in supply chains, The International Journal of Logistics Management 28(2), 1-29. http://doi.org/10.1108/IJLM-09-2015-0158 |
| | Summary <br> In the information sharing theory, trust is the most important antecedent for willingness to share as well as commitment, reciprocity, and determining family willingness to disclose personal information. Users' perception of information value has a marked impact upon their willingness to comply with security policies and protocols. |
| | Glossary <br> None |
| | Explanation of change <br> Added references |

| 5.29 New 2017 The provider keeps records of all business and income expenses. (NEW) | 5.29 *The provider keeps records of all business and income expenses.<br><br>References<br>Internal Revenue Service. (2021). Child and dependent care information. https://www.irs.gov<br><br>International Organization of Standardization. (2021). Certification and conformity. ISO. https://www.iso.org<br><br>U.S. Small Business Association. (2021). Get business insurance. Small Business Association. https://www.sba.gov<br><br>Zaheer, N., & Trkman, P., (2016). An information sharing theory perspective on willingness to share information in supply chains, The International Journal of Logistics Management 28(2), 1-29. http://doi.org/10.1108/IJLM-09-2015-0158<br><br><br>Summary<br>In the information sharing theory, trust is the most important antecedent for willingness to share as well as commitment, reciprocity, and determining family willingness to disclose personal information. Users' perception of information value has a marked impact upon their willingness to comply with security policies and protocols. ISO 15489-1 defines the international concepts and principles to the creation, capture and management of records.<br><br>The principles of good management of record keeping are accountability, transparency, integrity, protection, compliance, accessibility, retention and disposition. In the U.S., the Internal Revenue Service provides the format of business reporting.<br><br>Glossary<br>ISO 15489-1:2016 describes international concepts and principles relating to: a) records, meta data for records and records systems; b) policies, assigned responsibilities, monitoring and training supporting the effective management of records; c) recurrent analysis of business context and the identification of records requirements; d) records |

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| | controls; and e) processes for creating, capturing, and managing records.<br><br>Business expenses are costs incurred in the ordinary course of business.<br><br>Income is the money your business takes in.<br><br>Explanation of change<br>Recommend this is considered as a starred accreditation indicator. Providers are legally required to provide earned income and tax information of their individual families to their families. The provider does not provide their own confidential society security number. Instead, the provider will secure an EIN that identifies a business entity to report tax information to families.<br><br>Add references |
| ASSISTANTS & SUBSTITUTES - Assistants and substitutes are | |

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| scored on all standards, together with the provider. | |
| NEW | 5.XX The provider/co-provider will ensure the assistant/substitute experiences an orientation process that includes but it not limited to training required by the provider according to state regulations, such as CPR/first aid, safe sleep practices, basic child health and safety practices, recognizing and reporting child abuse and neglect, guidance/discipline, security, emergency procedures.<br><br>Glossary<br>Substitute is a product, service, person that can be replaced with another by consumers<br><br>Co-providers are two providers who share equally in the decision-making and responsibility. |

| 5.30 The assistant understands and supports the goals for each child, as well as the rules and routines of the program. | 5.30 The assistant understands and supports the goals for each child, as well as the rules and routines of the program. <br><br> References<br>Bandura, A. (1991). Social cognitive theory of self-regulation. Organizational behavior and human decision processes, 50(2), 248-287. https://doi.org/10.1016/0749-5978(91)90022-L<br><br>Bowlby J. (1958). The nature of the child's tie to his mother. International Journal Psychoanalysis, 39(5):350-73. http://www.psychology.sunysb.edu<br><br>Erikson, E. H. (1950). Childhood and society. Norton.<br><br>Freud, S. (1961). The resistances to psycho-analysis. In The Standard Edition of the Complete Psychological Works of Sigmund Freud, XIX, 1923-1925. Hogarth Press<br><br>Locke, E. A., & Latham, G. P. (1990). Work motivation and satisfaction: Light at the end of the tunnel. Psychological science, 1(4), 240-246. http://www.jstor.org/stable/40062668<br><br>Piaget, J. (1976). Piaget's theory. In Piaget and his school, 11-23. Springer. https://doi.org/10.1007/978-3-642-46323-5_2<br><br>Vygotsky, L. S. (1978). Socio-cultural theory. Mind in society, 6, 52-58.<br><br>Summary<br>In early childhood education, to understand goal setting theory, it is beneficial for assistants to also understand the major child development theories – Bandura's (1991) social learning theory, Erikson's (1950) psychosocial development theory, Freud's (1961) psychosexual theory, Piaget's (1976) cognitive development theory, Bowlby's (1958) attachment theory and Vygotsky's (1978) social cultural theory.<br><br>Glossary<br>Bandura's (1991) social learning theory - observing the actions of others, including parents and peers, children develop new skills and acquire new information. |

| | Erikson's (1950) psychosocial development theory - successfully managing the challenges of each stage leads to the emergence of a lifelong psychological virtue.<br>Freud's (1961) psychosexual theory - failing to resolve the conflicts of a particular stage can result in fixations that can then have an influence on adult behavior.<br>Piaget's (1976) cognitive development theory - Children think differently than adults.<br>Bowlby's (1958) attachment theory - children and caregivers engage in behaviors designed to ensure proximity.<br>Vygotsky's (1978) social cultural theory - learning is a social process.<br><br>Explanation of change<br>Referred to an assistant orientation and added references. |
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| 5.31 Parents have met any regular assistant or substitute, except in emergencies. | 5.31 Families/guardian have met any regular assistant or substitute, except in emergencies.<br><br>References<br>Bowlby J. (1958). The nature of the child's tie to his mother. International Journal Psychoanalysis, 39(5), 350-73.<br><br>Cazier, J.A., Shao, B.B.M. & Louis, R.D.S. (2007). Sharing information and building trust through value congruence. Information Systems Frontiers, 9, 515-529 (2007). https://doi.org/10.1007/s10796-007-9051-6<br><br>White, E. J., & Redder, B. (2015). Proximity with under two-year-olds in early childhood education: A silent pedagogical encounter. Early Child Development and Care, 185(11-12), 1783-1800. https://doi.org/10.1080/03004430.2015.1028386<br><br>Summary<br>In Bowlby's (1958) attachment theory, humans are born with a need to form a close emotional bond with a caregiver and that such a bond will develop during the first six months of a child's life if the caregiver is appropriately responsive. Families meeting the assistant in advance, Family child care providers provide the most intimate context for the nurturing and protection of children as they develop their personalities and identities and mature physically, cognitively, emotionally, and socially. Continuity of care transition between adults is crucial in young children's lives.<br><br>Glossary<br>Proximity - nearness in space, time, and relationship<br><br>Explanation of change<br>Add references |

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| 5.32 The provider and the assistant share observations of children and families and plan some activities together. | 5.32 The provider trains the assistant to use an organized system to create a child assessment program that includes developmental protocol at entry, on-going, and referral (if needed) for each child. These notes include the children's interests, accomplishments, concerns, and behaviors in the form of observation notes, photos, checklists, work samples on a frequent and consistent basis.<br><br>References<br>Copple, C. & Bredekamp, S. (Ed.) (1987). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children. http://www.naeyc.org<br><br>Ford, L., Kozey, M. L., & Negreiros, J. (2012). Cognitive assessment in early childhood: Theoretical and practice perspectives. In D. P. Flanagan & P. L.<br><br>Greenspan, S. I., & Wieder, S. (2003). Infant and Early Childhood Mental Health: A Comprehensive Developmental Approach to Assessment and Intervention. Zero to Three (J), 24(1), 6-13.<br><br>Harrison (Eds.), Contemporary intellectual assessment: Theories, tests, and issues, 585-622. The Guilford Press.<br><br>Forehand, M. (2010). Bloom's taxonomy. Emerging perspectives on learning, teaching, and technology, 41(4), 47-56. https://www.d41.org<br><br>Kranzler, J. H., Flores, C. G., & Coady, M. (2010). Examination of the cross-battery approach for the cognitive assessment of children and youth from diverse linguistic and cultural backgrounds. School Psychology Review, 39(3), 431-446.<br><br>Summary<br>Best practice in the contemporary assessment of children in the early years requires knowledge and a solid and fluent understanding of early child development, awareness of the different measures currently available to assess cognitive, affective, and psychosocial abilities in young children, and specific knowledge of considerations unique to the cognitive assessment of young children. Used to determine children's strengths, |

weaknesses, and progress to set goals for cognitive/mental instruction, social/emotional, and physical ability.

Glossary
Intervention - the act of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning)

Assessment - the wide variety of methods or tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition, or educational needs of students

Affective domain -  includes the way we deal with things emotionally, such as feelings, values, appreciation, enthusiasms, motivations, and attitudes.

Cognitive - the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.

Psychosocial - the combined influence of mind and behavior factors and the surrounding social environment and what they have on a person's physical and mental wellness and their ability to function. Factors, such as social support, loneliness, marriage status, social disruption, bereavement, work environment, social status, and social integration

Explanation of change
Recommend this standard be accepted and "starred" as a required standard for accreditation for assistants.

| 5.33 The provider offers the assistant helpful, consistent, and constructive feedback, and encourages the assistant's professional growth. | 5.33 The provider and assistant collaborated on a written plan aligned to meet the professional development requirement for NAFCC annual training and re-accreditation. |
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| | References<br>Bandura, A. (1977). Social Learning Theory. Prentice Hall.<br><br>Kohlberg, L. (1981). The Philosophy of Moral Development. Harper and Row.<br><br>Loevinger, J. (1976). Ego Development: Conceptions and Theories. Jossey-Bass.<br><br>Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. Human Development, 15(1), 1-12. https://doi.org/10.1159/000271225<br><br>Talan, T. N. & Bloom, P. J. (2018). Business Administration Scale for Family Child Care (2nd ed.). Teachers College Press.<br><br>Summary<br>The provider and assistant intentionally plan professional development for both cognitive and social aspects of learning to improve professional growth, career trajectory, and overall job satisfaction. Providers that operate at higher stages of development show greater flexibility, are open to multiple points of view, and are more effective in interpersonal interaction and in group problem solving. Teachers' developmental stages affect their interactions in the child care setting and their involvement on collaborative research teams which can provide the support and challenge that encourages developmental growth.<br><br>Glossary<br>Professional development is any type of continuing education effort for educators so they can improve their skills and, in turn, boost children's outcomes.<br><br>Explanation of change<br>Specified professional development topics and minimum hours: 30 hours of professional development/annually; 90 hours over a 3-year period based on the following guideline: Year 1 - 10 hours of health and safety, 16 hours child development, 4 hours business |

| | management; Year 2 and thereafter - 24 hours child development, 4 health and safety, 2 business management. Trainings selected is based on the interest of the provider. |
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| 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. | 5.34 The assistant, including an adult family member, has a written job description defining duties and responsibilities.<br><br>5.34a The provider conducts at least an annual review of the assistants' job performance.<br><br><br>References<br>Boudett, K. P., City, E. A., & Murnane, R. J. (Eds.). (2013). Data Wise: A step-by-step guide to using assessment results to improve teaching and learning. Harvard Education Press. https://www.ascd.org<br><br>Hackman & Oldham<br><br>Hou, J. & Neely, A. (2018). Investigating risks of outcome-based service contracts from a provider's perspective, International Journal of Production Research, 56(6), 2103-2115. https://doi.org/10.1080/00207543.2017.1319089<br><br>Pierre, E., & Oughton, J. (2007). The Affective Domain: Undiscovered Country. College Quarterly, 10(4), 1-7.<br><br>Taut, S. (2008). What have we learned about stakeholder involvement in program evaluation? Studies in Educational Evaluation, 34(4), 224-230. https://doi.org/10.1016/j.stueduc.2008.10.007<br><br>Wholey, J. S. (1987). Evaluability assessment: Developing program theory. New directions for program evaluation, 33, 77-92. https://eric.ed.gov/?id=EJ355035<br><br>Summary<br>The risk in outcome-based service contracts may be found in initial negotiations and decisions at the contracting stage and operational risk in the implementation and the delivery of the contract. Programs with assistant's input involves assessment of academic and support programs to improve the quality of educational programs by improving the assistant's learning.  The Job Characteristics Theory (JCT) is a framework to |

study how particular job characteristics affect job outcomes, including job satisfaction. Programs with parent and staff input involves assessment of academic and support programs to improve the quality of educational programs by improving children's learning.

Glossary
Service contract - is used to record the agreement between the provider and the assistant to regulate all aspects of the services to be supplied by the assistant and the general business relationship between the parties.

Explanation of change
Add references; clarified wording; see 5.25 & 5.27

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| 5.35 Updated 2017 The assistant is paid at least the minimum wage. | 5.35 The assistant is paid at least the minimum wage.<br><br>References<br>U.S. Equal Opportunity Employment Commission https://www.eeoc.gov/<br><br>U.S. Department of Labor. (2021). Minimum wage. https://www.dol.gov<br>Summary<br><br><br>The federal minimum wage for covered nonexempt is regulated by the U.S. department of labor. The federal minimum wage provisions are contained in the Fair Labor Standards Act (FLSA). Fair Labor Standards Act (FLSA).  USC Chapter 8, Section 206 details the minimum wage statutes<br><br>Glossary<br>Fair Labor Standards Act (FLSA) - provides guidelines on employment status, child labor, minimum wage, overtime pay, and record-keeping requirements. FLSA determines which employees are not covered by the Act and those covered.<br><br>Explanation of change<br>Add references; inserted the words "at least". |

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| 5.36 New 2017 The provider will comply with all federal and state payroll tax rules and purchase worker's compensation when required under state law. (NEW) | 5.36 The provider will comply with all federal and state payroll tax rules and purchase worker's compensation when required under state law.<br><br>References<br>Internal Revenue Service. (2021). Form SS-8, Determination of Worker Status for Purposes of Federal Employment Taxes and Income Tax Withholding. https://www.irs.gov<br><br>U.S. Department of Labor. (2021). Office of Workers' Compensation Programs. https://www.dol.gov<br><br>Summary<br>As an employer, family child care providers are responsible for the understanding and implementing tax rules and worker's compensation when required.<br><br><br>Glossary<br>Workers compensation is a form of insurance payment to employees if they are injured at work or become sick due to their work. Workers compensation includes payments to employees to cover their wages while they're not fit for work, medical expenses, and rehabilitation.<br><br>Explanation of change<br>Add references |

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| 5.37 Assistants who work more than 5 hours a day with the children have a break of at least Â½ hour. | 5.37 Assistants or substitutes who work more than 5 hours a day with the children have a break of at least 60 minutes.<br><br>5.37a Assistants or substitutes who work less than 5 hours a day with the children have a break of at least 10 minutes.<br><br>References<br>U.S. Department of Labor. (2021). Break and meal periods. https://www.dol.gov<br><br>Summary<br>Federal law does not require lunch or coffee breaks. However, when employers do offer short breaks (usually lasting about 5 to 20 minutes), federal law considers the breaks as compensable work hours that would be included in the sum of hours worked during the workweek and considered in determining if overtime was worked.<br><br><br>Glossary<br>None<br><br>Explanation of change<br>Add references; added break time working less than 5 hours/day; increased break time for working more than 5 hours/day |
| SUBSTITUTE PROVIDERS | |

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| 5.38 Except in emergencies, parents are notified in advance when a substitute provider will be responsible for their children. | 5.38 Except in emergencies, families/guardians are notified in advance when a substitute provider will be responsible for their children.<br><br>5.38a A substitute may work a minimum of 1-34 hours per week.<br><br>5.38b Co-providers must meet all eligibility requirements and submit all documentation as required of a family child care provider.<br><br>5.38c Co-providers must be onsite actively involved with children, individually, 60% of the time.<br><br>References<br>American Academy of child and adolescent psychiatry (2021). Attachment disorders. https://www.aacap.org<br><br>Hou, J. & Neely, A. (2018). Investigating risks of outcome-based service contracts from a provider's perspective, International Journal of Production Research, 56(6), 2103-2115. https://doi.org/10.1080/00207543.2017.1319089<br><br>Omar, N. A., Nazri, M. A., Abu, N. K., & Omar, Z. (2009). Parents perceived service quality, satisfaction, and trust of a child care centre: Implication on loyalty. International review of business research papers, 5(5), 299-314. https://www.researchgate.net<br><br>U. S. Bureau of Labor Statistics. (2021). Labor force characteristics. https://www.bls.gov<br><br>Summary<br>Notifying families/guardian when the substitute provider is responsible for the children should id detailed in the language in the contract about service delivery. A minimum of 20 hours per week is common, although the United States Bureau of Labor Statistics' describes part-time employees as individuals working one to 34 hours per week.<br><br>Glossary<br>Substitute is a product, service, person that can be replaced with another by consumers |

| | Co-Providers - are two providers who share equally in the decision-making and responsibility.<br><br>Explanation of change<br>Add references; specified work time requirements of substitutes and co-providers |
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| 5.39 *If an assistant is left in charge of children in the provider's absence, they meet all the requirements of a substitute. | 5.39 *If an assistant is left in charge of children in the provider's absence, they meet all the requirements of a substitute.<br><br>References<br>Hou, J. & Neely, A. (2018). Investigating risks of outcome-based service contracts from a provider's perspective, International Journal of Production Research, 56(6), 2103-2115. https://doi.org/10.1080/00207543.2017.1319089<br><br>Omar, N. A., Nazri, M. A., Abu, N. K., & Omar, Z. (2009). Parents perceived service quality, satisfaction, and trust of a child care centre: Implication on loyalty. International review of business research papers, 5(5), 299-314. https://www.researchgate.net<br><br>Summary<br>The eligibility requirements of a substitute are more than those of an assistant.<br><br>Glossary<br>Substitute is a product, service, person that can be replaced with another by consumers<br><br>Co-Providers - are two providers who share equally in the decision-making and responsibility.<br><br>Explanation of change<br>Add references |
| QUALIFICATIONS OF SUBSTITUTES | |

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| 5.40 *EXCEPT IN EMERGENCIES, ANY PERSON LEFT ALONE WITH CHILDREN: is at least 18 years of age, holds a current certificate in first aid and pediatric CPR, has an acceptable TB screening (see "Required Documentation" on page XX), has spent time with the children before being left in charge, understands the program policies and routines, children's special health and nutrition needs including allergies, and emergency procedures. | 5.40* EXCEPT IN EMERGENCIES, ANY ADULT LEFT ALONE WITH CHILDREN:<br>- is at least 21 years of age<br>- holds a current certificate in first aid and pediatric CPR<br>- has an acceptable TB screening (see "Required Documentation")<br>- has spent time with the children before being left in charge<br>- understands the program policies and routines, children's special health and nutrition needs including allergies, and emergency procedures.<br><br>5.40a Substitute's will receive the same training and orientation required by a program assistant.<br><br>5.40b Substitute's training in program policies and procedures is documented in writing.<br><br>5.40c Family child care providers and substitutes left alone with children should meet minimal NAFCC eligibility requirements:<br>- at least 21 years of age<br>- Have a high school diploma or GED<br>- Provide care to children for a minimum of 15 hours per week<br>- Provide care to a minimum of three children in a home environment.<br>- At least one child must not reside in the provider's home<br>- Be the primary caregiver, spending at least 80% of the operating hours actively involved with the children.<br>- Co-providers must spend at least 60% of the time actively involved with the children<br>- Have at least 12 months experience as a family child care provider.<br>- Meet the highest level of regulation to operate a family child care program by the authorized regulatory body<br>- Follow all regulations of the authorized regulatory body<br>- Have a favorable state and federal criminal history<br>- Be in good health to provide a nurturing and stable environment for children<br>- Maintain a current First Aid and Pediatric CPR certification<br>- Adhere to the NAEYC Code of Ethical Conduct<br><br>References<br>NAFCC. (2019). NAFCC accreditation application/re-application. https://nafcc.org |

Summary
Family child care providers, co-providers, substitutes, and assistants each have specific eligibility requirements.

Glossary
None

Explanation of change
Add references; requirements of family child care provider and substitute

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| 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). | 5.41 *Children are not left with a substitute for more than 20% of the operating hours actively involved with the children.<br><br>References<br>NAFCC. (2019). NAFCC accreditation application/re-application. https://nafcc.org<br><br>Summary<br>Family child care providers must be the primary caregiver at least 80% of the operating hours actively involved with the children, therefore substitutes can be the primary caregiver at maximum 20% of the operating hours.<br><br>Glossary<br>None<br><br>Explanation of change<br>Add references; extended language |

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| 5.42 At least one person is available for emergency back-up care and is able to arrive within 10 minutes. | 5.42 Family child care providers will create an emergency plan in the event of an emergency.<br><br>5.42a At least one person is available for emergency back-up care and can arrive immediately.<br><br>5.42b Emergency backup contact information is available at all times where is easy to find.<br><br>References<br>American Red Cross. (2021). American Disaster Preparedness Plan. https://www.redcross.org<br><br>Bursic, K. M., & Atman, C. J. (1997). Information gathering: A critical step for quality in the design process. Quality Management Journal, 4(4), 60-75. https://doi.org/10.1080/10686967.1998.11919148<br><br>Copeland, T. (2021). Taking care of business. http://tomcopelandblog.com/<br><br>Summary<br>The emergency backup plan must identify specific arrangements necessary to provide critical services, transportation, or repair or replacement of equipment, and to maintain the health and safety of the consumer in the event of a breakdown in the routine plan of care.<br><br>Glossary<br>None<br><br>Explanation of change<br>Add references; add emergency plan |