



## SATELLITE ACCREDITATION STANDARDS FOR FAMILY CHILD CARE PROVIDERS

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Satellite Family Child Care System

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## **DEFINITIONS OF TERMS USED IN THE SATELLITE ACCREDITATION STANDARDS**

Different people and organizations use terms related to children's ages differently. In these standards, we sometimes describe children specifically by age. When we are using more general words (such as "infant" or "toddler") we use the following definitions (which are similar to the definitions used by the National Association for Family Child Care):

**Infants:** Children between the ages of birth and 12 months.

**Toddlers:** Children between the ages of 13 and 35 months.

**Preschoolers:** Children from the age of three through five years of age.

**School-agers:** Children 6-12 who are participating in a before-school, after-school, or care during summers or school holidays.

Ages are given as general guidelines, not as hard-and-fast rules. These guidelines should be combined with your knowledge of each child's individual development in deciding what kind of programming is appropriate.

### **About genders:**

When referring to children, we have alternated using male and female pronouns (he/she, his/her, etc.) When referring to providers, we used feminine pronouns. It is not the intent to exclude male providers, but we felt the text would be more readable this way.

### **About the child's family:**

For purposes of readability, we use the term "parent" to refer to the person or people who are raising the child. The term is meant to include guardians, grandparents, foster parents, step-parents, or any other adult who has responsibility for the child.

## I. INTERACTIONS AND RELATIONSHIPS

### The provider's interactions with children

#### A. **The provider's verbal and non-verbal communication with children helps build positive relationships and conveys support, respect and trust.**

1. The provider and children seem relaxed.
2. The sound of the environment is primarily marked by pleasant conversation, laughter, and busy activity rather than harsh, stressful noise or enforced quiet.
3. The provider respectfully approaches children to watch, listen, talk, sing, play, and share ideas.
4. The provider has back and forth verbal and non-verbal conversations with each child every day.
5. The provider recognizes each child's unique personality and skills in positive ways.
6. The provider uses information about family cultural traditions and home language words to respond warmly and appropriately to each child.
7. With sensitivity to children's preferences, the provider shares affection with each child (for example, hugs, a lap to sit on, a hand to hold)
8. The provider offers comfort and reassurance when children show distress, fear, or discomfort.
9. The provider responds to each child's toilet learning, bottle weaning, and special needs calmly and with a positive attitude.

### The provider's interactions with parents

#### B. **The relationship between provider and parents conveys trust and respect.**

1. The provider encourages parents to visit at any time. The visits can be planned ahead or unannounced.
2. The provider works cooperatively with parents to set schedules for eating and sleeping, toileting and guidance. The provider individualizes the program, within reason, to respond to parents' specific requests, preferences, and values.
3. The provider shows acceptance of various kinds of families, religious beliefs, cultural differences, and decisions to work outside the home.
4. The provider recognizes the strengths of each family, and speaks positively about the day care families when opportunities occur during the course of the day.
5. The provider is aware of community resources for children and families, and shares that information with parents at appropriate times.

**C. The provider strives for effective and open communication with parents.**

1. The provider clearly describes her child care services in a contract signed by the provider and the parent, and consistently delivers the services described in the contract.
2. The provider greets parents pleasantly at drop-off and pick-up times.
3. The provider is reachable by telephone whenever children are present, or regularly listens to an answering machine or voice mail.
4. The provider encourages conversations with parents about changes that may affect the child or the care of the child. Examples include:
  - Talking with parents about changes occurring in the provider's life.
  - Encouraging parents to share major changes in their own life.
  - Informing parents in a supportive way when children are having difficulties, and talking with parents to discuss possible ways to address the concerns.
5. The provider informs parents of children's minor and more serious injuries, exposure to communicable diseases and any other health concerns.
6. The provider lets parents know ahead of time when a substitute or assistant will be responsible for their children.
7. If the provider does not speak the language of the parents, the provider finds an effective way to communicate with them.
8. At least once a year the provider seeks feedback from parents about their experience in the family child care home. For example, the provider might:
  - Distribute a survey
  - Have one-on-one discussions
  - Host an informal gathering of all parents in care

**D. The provider uses effective methods to work out differences with parents that may arise and affect their business relationship or child care issues.**

1. The provider seeks out parents' comments, questions and concerns about their child's care situation.
2. The provider initiates discussions soon after incidents of concern occur.
3. The provider uses the staff of the Family Child Care System as a resource to discuss concerns or problems and, when necessary, uses the System staff for mediation.
4. The provider has a written grievance procedure that is made available to parents. This procedure includes all of the following:
  - Steps for parents to follow if they have concerns or complaints
  - A timeline for response to complaints
  - Clearly articulated procedures for the parent to bring unresolved concerns to staff of the Family Child Care system.

**E. The provider treats information about children and families in a confidential manner.**

1. Unless written parental permission is given for exceptions, children's records and information about families are accessible only to the child's parents, the provider, staff of the Family Child Care System, and regulators as required by law.
2. Discussion of problems and concerns between parents and provider about specific children are held in private.
3. Sensitive information about the children and parents is not shared with other families in the care group or with other providers. The System staff may be used for consultation in a confidential manner.

**F. The provider encourages parents to be involved in the family child care home.**

1. Parents are encouraged to share their interests, skills, and cultures with the children in the program (for example, music, books, cultural objects, family pictures).
2. Parent permission is required for field trips and special events.
3. Parents are invited to participate in field trips and special events.

**G. The provider gives parents the information they need about daily activities in order to stay in touch with how and what their child is doing in the family child care program.**

1. There is opportunity for daily exchange of information about the children's activities, feelings, and needs (for example, notes, telephone calls, time to talk at drop-off or pick-up).
2. The provider keeps a daily record for each child under age 12 months regarding sleeping, eating, and elimination patterns, and makes it available to the parent at the end of each day. For children between ages 12 and 24 months the provider provides daily information if requested by the parent.
3. Parents are informed in advance about special planned activities (for example, special events, field trips, substitutes).

**H. The provider has established formal and informal ways to communicate with parents about their child.**

1. The provider communicates regularly with parents regarding changes in the child's mood, behavior and development, and about child guidance practices used by the parents and the provider.
2. The provider offers parents a conference at least once every 12 months.

The provider and the provider's family

**I. The provider balances the family child care program with her family's own needs.**

1. The arrangement of space and use of materials is balanced to meet the needs of both the child care program and the provider's family.
2. The provider is in general agreement with her family about the use of the home for child care, and has resolved major concerns.
3. When appropriate, the provider keeps her own family's toys and personal items safe and off limits to children in care.
4. If the provider's own child is part of the program, the provider takes steps to make the experience a positive and developmentally appropriate one for all involved.
5. The provider's family members are courteous and respectful when they interact with the child care children and families.

Family to family**J. The provider encourages the families in the care group to form positive relationships with each other.** Examples of ways this may happen are:

- The provider and/or parents plan activities where child care families get together recreationally.
- The provider posts information for parents about community events that families may want to do together.

The provider and the community**K. The provider maintains supportive relationships outside the family child care home.**

1. The provider seeks out the support of friends, family, other providers, and/or community organizations.

**II. PHYSICAL ENVIRONMENT, EQUIPMENT AND MATERIALS**The home and outdoor space**A. The environment is organized to support the activities of the program.**

1. There is enough indoor space for play and activities to meet the developmental needs of children in care.
2. All areas of the home used by children and the provider are well lit and adequately ventilated.
3. Materials that are likely to cause odors are disposed of regularly to avoid unpleasant smells.

4. The temperature of the home is in a comfortable range, and no less than 67°. Fans, air conditioning, or other means of air circulation are used if the inside temperature exceeds 80°.
5. The family child care home is well organized, physically comfortable, and welcoming. For example:
  - There is a designated space for parent-provider communication (such as a bulletin board, parent mailboxes, etc.)
  - There is a space for each child to store personal items.
  - Children's art and materials of interest are displayed.
6. There is a soft area where children can sit with the provider.
7. Space can be arranged so that a child can have quiet time alone.
8. Space is available for babies to safely and freely crawl around.
9. Sturdy, low furniture is available for young toddlers who are learning to stand, cruise, and walk.
10. The provider arranges for reasonable adaptations to the home to meet the special needs of each child. For example, if a child is not able to stand, toys and equipment are moved within the child's reach; furniture may be moved to accommodate a child in a walker.
11. Areas can be created for many types of activities such as block play, dramatic play, music, fine motor, large motor, quiet play, reading, resting, and eating.
12. School age children are provided with some separate space for their program activities and storage of materials.
13. Shades, curtains or other window coverings are available to darken the area used for napping.
14. There is a clean, safe outdoor play area with open space for active, large motor activities and exploration.
15. There is play and equipment and/or materials that encourage a variety of large motor activities appropriate to the ages and interests of children in the group.

### Materials and equipment

#### **B. Materials and equipment are developmentally suited and appealing to all children in the group.**

1. There is a range of materials available to children to support their growth in all developmental areas.
2. Materials are clean and in good repair (for example, no broken or missing pieces).
3. There is a sufficient amount and variety of toys and materials for the number and developmental range of children in the group.



4. Materials reflect the lives of the children in the group and people of many races and cultures. Materials and books include positive, non-stereotyped images of girls and boys, women and men, people with different abilities and occupations, and people of different ages in a variety of activities.
5. Equipment is altered or adaptive equipment is provided for children's special needs. If a child works with an agency that has written an Individual Family Service Plan (IFSP) or Individual Educational Plan (IEP) for the child, the provider makes a good faith effort to follow those guidelines.
6. Materials are located close to the place children are likely to use them, and children are able to find and replace materials on their own. For example:
  - Materials are stored in predictable places
  - Small items belonging together are contained together
  - Pegs are supplied for smocks and dramatic play items
  - Shelves are uncluttered so that when a child removes an item, s/he can see where to replace it.
  - Many of the books are stored together in a way that children can easily choose the one they want.
7. If faucets are not within reach of children, a secure step is located in front of any sink where children age 2 and over wash their hands.
8. Chairs, tables, dishes, and utensils are comfortable for the ages and development of the children.
9. No violent or sexually explicit pictures or materials are present.
10. Providers add and/or rotate materials on a regular basis in response to children's developmental needs and interests.
11. Materials in storage are well organized and are stored out of children's sight when possible.

### **III. THE DAILY PROGRAM FOR CHILDREN**

#### Philosophy

- A. **The family child care home has a clear philosophy and goals concerning the care and education of children.**
  1. The provider gives parents a written statement of the philosophy for the family child care home.
  2. The provider is able to give specific examples of how her routines and activities for children relate to the philosophy of the program.

#### Child-initiated activities

**B. Children learn through self-paced play, and through active engagement with materials, the provider, and other children.**

1. Children have opportunities throughout the day to move about, make choices about their activities, and follow their own interests at their own pace. They are active and engaged most of the time.
2. Infant and toddler activities focus on individualized activities and spontaneous interactions in group play.
3. For school-age children, children direct most of their own activities, with the provider giving assistance when needed.

Provider strategies

**C. The provider uses a variety of techniques to address, extend, and support children's development and self-guided play.**

1. The provider notices and builds upon the learning experiences and teaching opportunities that happen naturally in daily home life.
2. If themes or units are used, they are changed in response to children's interests.
3. The provider plans and changes activities based on children's individual needs by using the following strategies:
  - Adjusting activities based on children's different learning styles
  - Playing back-and-forth games with babies and toddlers
  - Supporting play in different developmental areas
  - Supporting children as they try to learn new skills
  - Engaging with each child during routines and/or play every day
  - Respecting a child's wish not to participate in a planned learning activity
  - Breaking tasks into simpler ones, adding materials, and suggesting new ideas as children learn new skills
4. The provider suggests and explains activities and choices to children.
5. The provider observes and describes to children what they are doing and asks them open-ended questions about their activities.
6. The provider occasionally joins in children's play. In doing so, she is respectful of children's play and participates without taking over.
7. The provider helps children learn to participate in routine activities cooperatively.

Daily schedule and routines

**D. The daily schedule is suitable to the length of the day and the children served.**

1. The schedule is clear and consistent for children and parents.
2. The flow of the day is in harmony with children's schedules.
3. The provider's daily planning allows ample time for play and routine.

4. The provider is flexible enough to change plans based on children's needs, and responds as calmly as possible to unexpected situations.

**E. Transitions throughout the day are calm and relaxed.**

1. The provider helps children as needed during separation at drop-off and pick-up times.
2. The provider gives children advanced notice when a change in activity is coming, and children are given an opportunity to finish or save their work.
3. Children have time to make transitions without being rushed.
4. Whenever possible, children have an active rather than passive role during transitions.
5. At clean-up times, the provider has clear expectations for children based on their abilities, and gives positive assistance when needed.
6. Children are not required to wait unnecessarily.
7. When a child attends more than one program, the provider plans for a smooth transition between programs. Examples include children who attend half-day early childhood or Head Start programs, or only come to the provider's home before and/or after school.

**F. The schedule offers a balance of activities.**

1. Most activities are child initiated. Activities planned by the provider are planned according to the interests and abilities of the children.
2. The provider plans for some time when the children are together and interact in a group, but infants and toddlers are not expected to participate in planned group activities.
3. Children are provided with opportunities for both quiet and active play every day. Children have opportunities during the day for privacy and relaxation. The provider takes children outdoors every day, weather permitting. If the group cannot go outside for active play, it is offered in some way indoors.
4. Children, particularly, the very young, are protected from noise and activity that may be over-stimulating (including music, radio, and television).
5. School-agers have space and time to relax quietly and engage in large motor activities after school.

**G. Care giving routines promote security and age-appropriate independence.**

1. Self-help routines such as hand washing, toileting, tooth brushing, eating, napping, resting, and dressing are planned to meet each child's individual needs. For example:
  - The provider allows enough time for children to do things for themselves.
  - The provider recognizes children's efforts at self-help, and is supportive if lapses occur.
2. Providers strive to make nap/rest time relaxing and comfortable for all children.
3. Non-sleepers can have a choice of quiet activities.

**H. In homes with infants or toddlers, routines are individualized. The provider talks to babies and toddlers about what is happening during routines, and encourages them to be active participants.**

1. Children's diapers are checked frequently, and are changed when they are wet or soiled except during naps.
2. Parents and providers agree on a toilet learning approach, based on each child's developmental readiness. The provider recognizes children's attempts at toileting, and responds calmly to accidents.
3. Babies are fed on their own schedule.
4. The provider holds an infant while bottle feeding, talks to the infant, meets her/his gaze.
5. The provider offers safe finger foods to toddlers.
6. Infants and young toddlers sleep on their own schedules.

Guidance

**I. The provider has clear and consistent expectations and uses positive techniques for guiding children's behavior and helping them develop self control.**

1. The provider encourages children's positive behavior by planning ahead: setting up age-appropriate environment, activities, and routines.
2. The provider reduces power struggles with children by being clear about children's choices. When appropriate, children participate in establishing the rules for behavior.
3. The provider uses appropriate positive approaches when guiding a child's behavior. Examples include:
  - Redirecting a child to more appropriate behavior or activities.
  - Explaining expectations in positive, developmentally appropriate terms.
  - Staying nearby to help children maintain self-control
  - Using encouragement
  - Acknowledging children's positive behavior
  - Letting children experience the safe natural consequences of their actions rather than imposing limits or punishment.
  - Handling minor problems calmly and quickly, before they become more serious.
4. Strategies used to guide children's behavior are intended to help children regain self-control and composure. Use of time outs should be limited, since strategies other than time-out are usually more effective in guiding behavior. Time outs are never used with children under three. If time-outs are used with older children, they last no more than one minute in length for each year of the child's age, and are never more than five minutes.
5. Physical punishment is prohibited. The provider does not shame, criticize, tease hurtfully, threaten, or yell at children, and is not physically rough with them (for example, jerking, pulling, pushing).

Computers, television, videotapes, and other audio-visual media

**J. Computers and audio-visual media are used only when they have a clear purpose and support children’s development.**

1. If the provider offers such activities as computer software, audio tapes, films, and videotapes, all materials are previewed by the provider to assure that they are developmentally appropriate for the children who are using or watching the materials.
2. Television, if used, is limited to programs that only have content that is appropriate to children.
3. If the provider uses “passive” media such as television, films and video, they are used appropriately and on a limited basis, rather than as regular daily events. Other activity options are also available, and children are not required to view the program. The provider talks with children about what they are viewing.
4. Materials showing violent, sexually explicit, or stereotyped content may not be used or viewed by children.
5. Computers, if used, promote children’s active involvement, learning, creativity, or fun.

## **IV. SUPPORTING CHILDREN’S DEVELOPMENT**

### Child development

**A. The provider has clearly defined developmental goals for children.**

1. The provider knows the general pattern of children’s growth and learning, and understands that each child has a unique pattern within that normal range of development.
2. The provider gathers information about individual children from discussion with parents and her own observations and/or assessment. The provider can give specific examples of how this information is used in planning a program that is culturally and developmentally appropriate for each child.
3. When the provider believes a child’s development is substantially different from expected development in the early years, she works with parents and community agencies (where applicable) to address the child’s needs.

### Social and self-development

**B. The provider supports the development of positive self-esteem by helping children understand and appropriately express their feelings and needs.**

1. The provider helps children express themselves, using strategies appropriate to each child’s level of development. Examples are included in Appendix II.
2. The provider avoids using statements that discount or belittle children’s feelings (for example, “you’re not hurt”), or requiring apologies.
3. The provider has positive regard for children’s efforts at a skill or task whether or not the child is successful or the task is completed, and acknowledges specific aspects of their efforts.

4. The provider reacts calmly to children's needs for dependence and independence.

**C. The provider actively promotes social skills and positive relationships among children.**

1. The provider models positive social interactions for children.
2. The provider helps each child find positive ways to interact with others and supports children in developing friendships. Examples are included in Appendix II.
3. The provider uses naturally occurring events and conflicts to help children talk through their feelings, listen to each other, and learn a variety of ways to interact (for example, by planning together, taking turns, sharing, making lists, asking permission, etc.)
4. The provider helps children notice when people are being unfair and learn effective ways to stand up for each other and themselves.
5. Infants have opportunities to be in safe contact with each other and with older children in the group.
6. School-age children have time and encouragement to pursue friendships and interests, and plan their own activities together.

**D. The provider assures respect for the diversity that exists within the community.**

1. The provider helps children understand and respect differences among people in the group (for example, physical traits, age, gender, personality styles, abilities and skills, family structure, language, cultural traditions, etc).
2. The provider models positive regard for all differences and responds warmly and factually to children's feelings or questions about them.
3. Girls and boys have equal opportunity to participate in all activities and use all equipment and materials.
4. The provider introduces cultural activities based on the authentic experiences of children, families, and the provider herself rather than on stereotyped images of various cultures.
5. The provider demonstrates respect and sensitivity for the religious beliefs and practices of all children and families enrolled, including those who do not believe in any religion.
6. The provider does not engage in religious teaching or practices. She does not introduce activities or display materials that relate to any one religious tradition to the exclusion of others, or that advance or inhibit religion in general.

Physical and sensory development

**E. The provider offers a wide range of opportunities for children's sensory, large, and small motor development.**

1. Children have daily opportunities for large motor activities while using safe and developmentally appropriate equipment. See examples in Appendix II.

2. Children have daily activities for small motor activities while using safe and developmentally appropriate equipment. See examples in Appendix II.
3. The provider helps children learn to identify and express physical sensations and learn the names for the parts of their bodies.
4. The provider plans for developmentally appropriate sensory experiences both indoors and outdoors. See examples in Appendix II.
5. The provider helps school-age children organize and participate in active games and sports.

### Thinking, reasoning and problem-solving

#### **F. The provider helps children enjoy learning and using a variety of thinking skills.**

1. In homes with infants and toddlers, the provider establishes routines, activities, and interactions to help babies understand the world around them. See examples in Appendix II.
2. The provider takes advantage of every day events to encourage children to think about questions, investigate answers, and solve problems. See examples in Appendix II.
3. The provider encourages children to develop and show their understanding through a variety of activities such as drawing, dramatics, writing stories, photos, etc.

### Early language and literacy development

#### **G. The provider ensures that children hear language around them and engage in a wide range of early language and literacy experiences.**

1. The provider uses conversational speech with children, varied in tone, volume and expression.
2. The provider reads to children daily.
3. The provider offers rich language experiences for infants and toddlers. See examples in Appendix II.
4. The provider plays with words and language with infants, toddlers, and preschoolers. See examples in Appendix II.
5. The provider introduces, models, and supports opportunities for children to use and understand written and oral language. See examples in Appendix II.

### Math and science

#### **H. Children engage in math and science activities on a daily basis.**

1. The provider takes the opportunity to help children learn math and science concepts as they participate in everyday activities. See examples in Appendix II
2. The provider offers planned activities that reinforce these scientific and mathematical consequences.

3. As children are ready, the provider asks children “what if” questions.
4. Children have opportunities to explore the natural and physical world.

### Creative expression

#### **I. Art and other self-expression activities are open-ended and child-directed.**

1. The provider encourages children to experiment with and enjoy the process of creation using a variety of media. The provider doesn’t expect children’s products to all look the same.
2. The provider offers opportunities for creative expression in art, music, dance and dramatic play that adapt easily to the developmental stages of the children in the group.
3. The provider displays or photographs artwork created by each child, and saves some for parents.
4. Older children have the opportunity to undertake long-term creative projects of their choosing.

#### **J. Children are encouraged to express themselves with a variety of art activities using increasingly complex tools and media.** (See Appendix II for specific examples.)

1. During free play times, children have access to basic art materials appropriate to their developmental skills and interests.
2. The provider uses protective coverings for floor, tables, and other areas of her home during messy art activities so that the children can create freely.
3. The provider offers school-age children experiences with increasingly complex art and craft projects that they help choose.

#### **K. Children are encouraged to express and enjoy themselves with a variety of musical and movement activities.**

1. The provider engages children in music and movement activities with children. See Appendix II for examples.
2. Equipment and materials are available for children to create their own music and movement activities independently.

#### **L. The provider facilitates children’s increasingly complex pretend play.**

1. The provider provides opportunities for children to engage in complex pretend play. See Appendix II for examples.

### Health, safety and nutrition



**M. The provider helps the children learn sound health, safety, and nutritional practices.**

1. The provider models, encourages, and discusses sound health, safety and nutritional practices as the opportunity arises in daily life.
2. The provider helps children recognize physical cues and sensations in their bodies that identify feelings of hunger and satisfaction, fatigue, sickness, pain, fear, safety, and need for toileting.
3. The provider helps children gain awareness of community members who help children and adults stay healthy and safe.

**N. The provider helps children learn skills and develop habits that contribute to physical and psychological health.**

1. The provider helps children learn basic self-care skills, and provides opportunities for children to use these skills on a daily basis. See Appendix II for examples.
2. The provider accepts and responds calmly to lapses in self-help skills (such as spills and toilet accidents).
3. The provider consults with parents if a child seems generally sad, angry, or more emotionally fragile than is typical for that child.

**O. The provider helps children learn skills and habits that contribute to their safety.**

1. The provider helps children learn to consider the safety implications of their actions and play.
2. The provider teaches children developmentally appropriate safety rules related to potentially unsafe situations in their environment and daily lives. See Appendix II for examples.
3. The provider works with parents to help children learn self-identification information as appropriate for their age level. See Appendix II for examples.

## **V. HEALTH AND SAFETY OF THE FAMILY CHILD CARE HOME**

**A. The home environment is clean and safe, and meets the Health and Safety requirements of Wisconsin Administrative Code HFS 45 Licensing Rules for Family Child Care Centers for Children, 45.05 Home.**

Supervision

**B. Children are under developmentally appropriate adult supervision at all times in order to guide the child's behavior, activities, prevent harm and assure safety.**

1. The provider can see and hear children under age 2 at all times, with the following exceptions. The provider must provide sight or sound supervision: (1) when children are sleeping; (2) brief intervals such as a quick bathroom break or to get something from

another room and return immediately. Immediately before and immediately after such brief intervals, the provider does a visual check to confirm the child(ren)'s safety and wellbeing.

2. The provider can see or hear children over age 2 when the children are playing within an enclosed outdoor area on the premises. The permanent enclosure shall be at least 4 feet high. When not in an enclosed area the provider must be outside with the children and provide sight and sound supervision at all times.
3. The provider's attention is focused on the children. Telephone calls, personal demands, business-related tasks, and visitors do not take priority over caring for the children.
4. The provider is not employed in another occupation during child care hours.
5. The provider never leaves children in a car without an adult being present.
6. Children are not permitted to leave the program with anyone other than their parent or specific individuals designated by a parent in writing or verbally. Non-custodial parents must have written permission of the custodial parent to pick up their child.
7. The provider has an agreement with another adult who is available during hours of care to provide assistance in case of an emergency. This name, telephone number and address are posted near the phone.

## Safety

### **C. The provider ensures the safety of all children in her group.**

1. The provider complies with all safety precautions on the Home Safety Checklist (Appendix III) and completes the checklist quarterly.
2. The provider remains awake, available, and able to respond to the needs of children when children are in care.
3. Wisconsin law identifies all family child care providers as mandated reporters of possible childhood abuse and/or neglect. If the provider has reasonable cause to suspect that a child has been abused or neglected, she will immediately contact Dane County Department of Human Services or a local law enforcement agency.
4. If the provider does not speak English, she is able to communicate basic emergency information in English.

### **D. The provider ensures that no other person in the home represents a threat to the safety of the children in care.**

1. The provider ensures that no one on the premises during the hours of care consumes or is under the influence of alcoholic beverages or non-prescribed controlled substances.
2. The provider protects the children from witnessing any physical or verbal abuse and/or frightening or threatening situations.
3. The provider makes sure that no person will be in contact with the children whose behavior, mental condition, or physical condition gives reasonable concern for the safety of children.

4. The provider expects any person in the home (including family members, visitors, and parents of children in care) to abstain from negative guidance of children enrolled in the family child care home.

**E. The provider ensures that pets are free from disease and will not hurt the children.**

1. Parents are informed of any pets before enrollment, and are notified in writing before new pets are introduced.
2. The provider supervises interactions between pets and children by sight.
3. The provider maintains rabies immunization records of any cats or dogs on the premises, and assures that immunizations are up to date and signed by a veterinarian.
4. Pet droppings and materials for care and feeding of pets are kept out of children's reach.
5. Based on continuing observation of the children and the pet(s) and knowledge about the temperament of both, the provider determines if the pet(s) are a threat to children's safety. If there is any question whether the pet(s) are a possible danger to the children, the pet(s) are kept in an area inaccessible to children.

Health

**F. The provider is physically and emotionally healthy and suited to caring for children.**

1. The provider seems to enjoy children and delight in their development.
2. The provider is physically and mentally able to actively supervise and play with children.
3. The provider has a documented physical exam, signed by a physician, at least once every two years, and a negative tuberculosis test every two years.
4. The provider takes precautions to avoid extreme stress, and learns to use stress management techniques to handle unavoidable stress.
5. The provider deals with personal issues outside of times when children are in care.

**G. The provider takes precautions so that other people do not jeopardize the children's health.**

1. Smoking is not allowed on the premises during hours of care.
2. If any person in the home has symptoms of illness or a communicable disease that may be transmitted through normal contact, the provider ensures that that person is not in contact with children.
3. Children who become ill are separated from other children but within sight or hearing of the provider, and parents are called to pick the child up.
4. Upon enrollment, each child's file has up-to-date immunization records or has a written exemption.

**H. The provider attends to children's special health needs.**

1. If a child has been diagnosed as having a special health need, the provider works to understand the condition, follows all prescribed treatments, and works with parents and other specialists as needed, to the best of her ability.
2. The provider administers medications and other remedies only with written authorization signed by parent(s) and dated for each administered dose.
3. If a child receives a superficial wound, the provider puts on disposable gloves and cleans the wound with soap and water only, and protects the wound with a band-aid or bandage.
4. The provider does not give children bottles of milk in bed, or allow children to walk around sucking on a bottle.
5. Children's food allergies are posted in the kitchen.

**I. The provider minimizes transmission of disease in a variety of ways.**

1. The provider washes her hands with soap and running water before and after feeding, eating and diapering; after having contact with bodily fluids and assisting with toileting; before preparing or serving food; and after touching animals.
2. The provider makes sure that children wash their hands with soap and running water before and after eating; after toileting, diaper changes and nose blowing; before preparing and serving food; and after touching animals.
3. If the kitchen sink is used for hand washing after toileting, changing diapers, or assisting with toileting, the sink and faucet handles are disinfected immediately.
4. If the provider and children are in an area where running water is not available (such as on a field trip), the provider provides individual wipes or hand sanitizing solution for the children and herself.
5. Liquid soap in a pump dispenser and individual towels (disposable or individual) are provided for the children. Cloth towels must be washed after each use.
6. The provider is familiar with and uses universal health precautions when dealing with bodily fluids that may contain blood.
7. Tables are cleaned and sanitized before and after meals and as they become soiled.
8. Toys mouthed by children are washed and sanitized before reuse.
9. Children do not share personal items such as combs, brushes, toothbrushes, dishes, eating utensils, bibs, bottles, towels, washcloths, bedding, or pacifiers.

Diapering and toileting**J. The provider consistently follows sanitary procedures related to diapering and toileting.**

1. The provider changes children's diapers on an easily cleanable surface that is washed with soap and water and then with a disinfectant solution after each use.
2. A sink with running hot and cold water is very close to diapering and toileting areas.
3. Materials to clean and change children are readily accessible during diaper changing.
4. Wet and/or soiled diapers are disposed of in a closed container, out of children's reach, and near to the changing area.
5. Potty chair receptacles are emptied, rinsed, and disinfected immediately after each use.

### Meals and Snacks

#### **K. The provider encourages nutritious eating in a relaxed, social atmosphere.**

1. The provider interacts with children to make feeding, meals, and snacks relaxed, social times. When possible, she sits with children during meals.
2. The provider encourages children to taste foods, but children are not forced to eat.
3. Except for special events such as picnics and field trips, children eat meals and snacks at the table.
4. Food is never used as a reward or withheld as a punishment.
5. Babies are fed when they are hungry.
6. Babies of any age are held during bottle feedings.
7. If the provider prepares meals and snacks, she posts weekly or daily menus, and follows the USDA Child And Adult Food Program (CAFP) guidelines for menus and food preparation.
8. If parents bring the food, the provider supplies parents with current child nutrition information from the USDA CAFPP. The provider is prepared to supplement the meal if all required food components are not supplied.
9. Perishable items supplied by parents are refrigerated until eaten.
10. The provider offers the children the opportunity to have a snack or meal every three hours.

## **VI. BUSINESS MANAGEMENT AND PROFESSIONALISM**

### Regulation

#### **A. The provider complies with applicable Federal, State, County, and City child care regulations related to providing child care.**

1. Providers caring for 4 or more children are licensed by the Wisconsin Dept of Health and Social Services under HFS 45, Licensing Rules for Family Day Care Centers.

2. Providers not requiring a state license are Dane County certified as a Family Day Care Provider under DWD 55, Day Care Certification.
3. The provider permits visits (which may be either announced or unannounced) by appropriate persons for the purpose of monitoring compliance and investigating complaints.
4. The provider ensures that any time the children are transported by car, the driver will have a valid driver's license, the vehicle used will be registered in the state of Wisconsin, the vehicle will be adequately insured, and the driver uses child restraint devices as required by law.

**B. The provider is a member of a Madison Accredited Family Child Care System.**

1. The provider works cooperatively with the Madison Accredited Family Child Care system staff to meet Madison Accreditation Standards in an annual re-accreditation of the family child care home.
  - A provider who is accredited by the National Association of Family Child Care may be eligible for an alternate accreditation process in the year she/he is accredited or re-accredited by NAFCC.
2. The provider cooperates with the Family Child Care System in an annual evaluation of services and child care practices, and uses this information to set goals for improvement.
3. The provider completes and promptly returns the required annual rate survey initiated by the City Tuition Assistance Coordinator in late summer.
4. Providers serving City of Madison Tuition Assistance clients follow the guidelines set by the City Tuition Assistance Program (see Appendix IV).

Child and adult ratios

**C. The number of children cared for in the family child care home is limited to best meet the needs of the children. The family child care system may limit the number of children cared for by the provider, based on an evaluation of individual circumstances.**

1. The provider must consider both the physical space available and her own personal resources for providing care.
2. The total number of children must include the provider's own children and/or any other children under the age of seven living in the home (relatives, friends, or foster children).
3. The total number of children must include any children in care over the age of seven who are not members of the provider's family.
  - a. There may be times when neighborhood or school playmates who are over the age of 7 are on the premises to visit the provider's own children. As long as the visits don't interfere with the provider's primary responsibilities with the day care children, the visitors aren't included in the group size or number.
  - b. Children over age 7 who visit the family child care home to play with children in care

(not the provider's own children) or to act as a "helper" for the provider are considered to be in the care of the provider, and must be included in the group size and number.

4. There may be occasions when a non-resident adult will visit the family child care home, with or without his/her own children under the age of 7. The provider's first responsibility is to children in care. The provider is expected to maintain appropriate supervision and activities of day care children when another adult is visiting.
5. Since children with special needs may require more care, the group size should be adjusted as needed.

**D. The maximum number of children legally cared for by one adult varies depending on the ages of the children and the level of regulation attained by the caregiver.**

**County-certified providers:** Providers who are both Dane County certified and City of Madison Accredited may care for the following numbers of children:

**Chart 1  
Madison Accredited Providers Who Are County Certified**

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>
Provider's children under 7*	Child care children under 7*	Additional children 7 and over	Maximum group size
1	3	2	6
2	3	1	6
3	3	0	6
4	2	0	6
5	1	0	6
6	0	0	6

\*The following conditions apply when infants and toddlers are in a county certified and Madison accredited family child care home:

- a. If 3 or more children are under one year of age, there shall be no other children in the group, including the provider's own children under 7.
- b. If the combination of the provider's children and child care children includes 5 children under 36 months of age, there shall be no other children in the group under age 7.

**State licensed providers.** When child care is provided for 4 or more children under the age of 7 excluding the provider's children or relatives, a Wisconsin State Family Child Care license is required. Providers who are both State Licensed and Madison Accredited may care for the following number of children:

**Chart 2  
Madison Accredited providers who are state licensed**

Column 1	Column 2	Column 3	Column 4
Under 2 years*	2-6 years*	1 <sup>st</sup> grade and above in care less than 3 hrs/day**	Maximum # of children per provider
0	0	8	8
0	8	0	8
1	7	0	8
2	4	2	8
3	2	2	7
4	0	0	4

\*The following conditions apply when infants and toddlers are in a state licensed and Madison accredited family child care home:

- c. If 3 or more children are under one year of age, there shall be no other children in the group, including the provider's own children under 7.
- d. If the combination of the provider's children and child care children includes 5 children under 36 months of age, there shall be no other children in the group under age 7.

\*\*The following conditions apply if there are school-age children in a licensed and Madison accredited family child care home:

- e. As indicated in Chart 2, Column 3, Additional children over the age of 6 are permitted for less than 3 hours a day. If these children are in care for the full day such as in-service, vacation days or summer, they must be included in the numbers defined in Chart 2, Column 2.

### Overnight Care

#### **E. Individual providers may be specifically accredited for overnight care.**

1. Providers will meet the membership requirements of a Madison family child care system, and the Madison Standards of Accreditation for Family Child Care Providers.
2. Overnight care will be done only in the home of the accredited provider.
3. If a provider offers accredited care overnight, the program must be state licensed. State licensing requires that the provider remain awake when children are in care.
4. A provider that offers accredited overnight care may care for children a maximum of 12 hours in any 24 hour period. Although not prohibited, working a second job outside of care hours may impact a provider's ability to be accredited (i.e., sleeping schedule, physical capacity).
5. The maximum number of hours that the child is in the care of the provider is 12 hours in any 24 hour period.
6. Children must be under adult supervision at all times.
  - The provider or an adult substitute who meets the applicable Madison standards must be present at all times.
  - No person under 18 years may be left in sole charge of the children.



- The provider gives Family Child Care System staff a written plan for their review and approval describing how children will be supervised throughout the night (i.e., electronic monitoring, checking on children, other adults in the home, provision for substitute care, quarterly parent-provider discussion).
7. Children may share a room with other children. Children may not share a room with adults.
  8. Each child will have his/her own bed or cot.
  9. Each child's bed has its own linens, which is laundered before being used by another child.
  10. The program for children will be suitable to the time of the day children are in care.
  11. Appropriate materials and equipment will be available to children during their waking hours. Activities and routines will be compatible with the child's daily schedule.
  12. Emphasis will be placed on parent/provider communication to ensure adequate exchange of information of children's needs and the care situation. Parents and providers will meet or speak by phone on at least a quarterly basis.

#### Training:

#### **F. The provider meets or exceeds the education and training requirements of Madison accredited family child care providers:**

1. The provider meets the entry-level training requirements of county certification or state licensing, as applicable.
3. The provider completes a minimum of 20 hours of training annually in family child care related issues, early childhood care and education topics, or related fields. The provider may use the Family Child Care System training resources to partially or fully complete the required training.
4. Documentation of completed training is on file.
5. The provider completes SIDS prevention training before caring for children under 2 years of age. Documentation of the completion of this training is on file.
6. The provider successfully completes a course in CPR for infants and children every two years. The course must include training in rescue breathing and first aid for choking. Documentation is on file.

#### **G. The provider plans for her own professional development to improve her knowledge related to early childhood care and education. Examples include:**

- Active involvement with other family child care providers.
- Involvement in a related professional groups or activities (such as Dane County AEYC, NAFCC, CDA advisor, participation in a mentor program, etc.)
- Visits to the home of other family child care providers.

#### Enrollment

**H. The provider and prospective parent(s) exchange information to assure a good match.**

1. The provider offers verbal and written information about the family child care policies and program, allows the parents to visit the family child care home, and encourages the parents to discuss their values and wishes regarding such topics as eating, sleeping, toileting, and discipline.
2. The provider is willing to give references to prospective parents if requested.
3. The provider will not discriminate on the basis of race, color, sex, sexual preference, creed, handicap, funding status or national origin or ancestry in accepting children.

Policies

**I. The provider has written policies for the family child care business that are given to parents that include the following topics:**

- |  |   |
|--|---|
| <input type="checkbox"/> Philosophy                        | <input type="checkbox"/> Discipline and guidance                |
| <input type="checkbox"/> Regulation                        | <input type="checkbox"/> Emergency procedures                   |
| <input type="checkbox"/> Enrollment & termination          | <input type="checkbox"/> Parent grievance procedure             |
| <input type="checkbox"/> Parent-provider communication     | <input type="checkbox"/> Infant sleep position where applicable |
| <input type="checkbox"/> Release of children               | <input type="checkbox"/> Meals and snacks                       |
| <input type="checkbox"/> Confidentiality                   | <input type="checkbox"/> Supplies for each child                |
| <input type="checkbox"/> Transportation and field trips    | <input type="checkbox"/> Program activities                     |
| <input type="checkbox"/> Respite care                      |   |
| <input type="checkbox"/> Health                            |   |
| <input type="checkbox"/> Child abuse and neglect reporting |   |

Parent-provider agreement

**J. The provider and parent(s) discuss and sign a written parent-provider agreement.**

The provider and parents discuss the family child care policies and sign an agreement prior to the beginning of care which defines the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Non-discrimination | <input type="checkbox"/> Sick days (provider)         |
| <input type="checkbox"/> Regulation         | <input type="checkbox"/> Vacations (child and family) |
| <input type="checkbox"/> System membership  | <input type="checkbox"/> Vacations (provider)         |
| <input type="checkbox"/> Schedule           | <input type="checkbox"/> Holidays                     |
| <input type="checkbox"/> Fees               | <input type="checkbox"/> Trial period                 |
| <input type="checkbox"/> Sick days (child)  | <input type="checkbox"/> Termination of care          |

1. The agreement is reviewed on an annual basis; the provider schedules a time with parents for an annual contract review.
2. The signed agreement is in the child's file, and parents are given a copy.

3. The provider shares information with parents about the City of Madison Accreditation Standards and the Dane County Certification Standards or Wisconsin State Licensing rules (whichever apply).

### Business practices

**E. The provider maintains accurate records and forms as listed in Appendix V of these standards.**

**F. The provider follows standard and legal business practices.**

1. The provider maintains necessary financial records of income and expenses.
2. The provider meets legal requirements for operating a small business, for example: pays taxes, social security, employer's share of social security and worker's compensation if there are employees.
3. The provider gives parents receipts upon payment of fees and gives parents her business identification number with the first receipt and upon future request.
4. The program is covered by insurance including liability insurance, vehicle liability insurance if the provider transports the children in her own car, and accident insurance for employees when applicable.

### Staff

**G. The provider assures that staff of the accredited family child care program are qualified for their responsibilities.**

1. A provider who has employees has the following policies:
 

<input type="checkbox"/> Job descriptions	<input type="checkbox"/> Evaluation
<input type="checkbox"/> Work rules	<input type="checkbox"/> Termination procedures
<input type="checkbox"/> Benefits	<input type="checkbox"/> Salary schedule
2. The provider ensures that any assistants and substitute providers who are not employees of the Family Child Care System are over 18 years of age and work well with children and adults.
3. The provider assures adequate supervision of assistants.
4. Assistants under the age of 18 always work in the presence of an adult.
5. The provider allows a member of the Family Child Care System staff to interview any substitute or assistant who works with children in her Madison accredited family child care home on a regular basis (six or more hours a week).
6. The provider's assistant(s) must meet the minimum training requirements for providers (e.g., Dane County certification course, SIDS training if there are children under age 2, CPR for infants and toddlers renewed every 2 years).

7. The provider ensures that the assistant/substitute has read through the Madison accreditation standards and has agreed in writing to follow the described child care practices.
8. The provider notifies parents in advance and introduces an assistant or substitute before she is solely responsible for the children, except in the case of an emergency.
9. The provider orients the substitute/assistant by sharing information concerning the children in care, especially concerning health and nutrition needs including allergies, and emergency procedures, daily routine, home environment, emergency practices, and policies of the family child care home.

**H. The provider establishes respectful working conditions for staff.**

1. The provider and assistant spend time together on a regular basis to share observations of children.
2. Assistants are provided a ½ hour break when they work more than 5 hours a day with the children.
3. The provider encourages the assistant's on-going training and professional growth.

Exceptions

**I. The provider will operate her business in compliance with these standards**

1. The provider can request an exception to a specific standard for a specified and limited period of time based on special circumstances.
2. Exceptions that involve licensing or certification requirements must have prior approval of licensing or certification.
3. A request for an exception must be made in writing to the Family Child Care System prior to the time the exception is needed.
4. The request for an exception must clearly identify the reason for the request, the dates for which the exception is requested, and how care will be monitored during the period of the request to assure that standards are maintained.
5. The Family Child Care System staff and director will review the request. If the request is denied, system staff will inform the provider of that denial. If system staff recommend approval, they will submit their recommendation to the City of Madison specialist responsible for accreditation of the system, who will grant or deny the request.
6. If the City of Madison specialist denies the request, the provider may appeal the denial to the Community Services Supervisor within 10 working days from the notification of the denial. The Community Services supervisor will make a final binding determination within 30 days of the receipt of the appeal.