Places for Growing
HOW TO IMPROVE YOUR
FAMILY CHILD CARE HOME

Heidi M. Ferrar • Thelma Harms • Debby Cryer
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Places for Growing

HOW TO IMPROVE YOUR FAMILY CHILD CARE HOME

Heidi M. Ferrar
Collaborative Ventures, Inc.

Thelma Harms
University of North Carolina

Debby Cryer
University of North Carolina

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
Development of the Guide

This guide, as well as a companion piece describing quality goals for child care centers, was developed as part of the Expanded Child Care Options (ECCO) demonstration, to test the effects of greater social investments in child care. Because many children spend a large part of the day in child care, the quality of their relationships with teachers and other children and the quality of their opportunities for playing and learning while in child care may strongly influence their school readiness and later success in life. In addition, child care that supports the family may help a child’s parents become better parents and providers.

From 1988 to 1995, the Rockefeller Foundation funded ECCO to show how more financial assistance for child care and higher quality child care might affect children and their families. ECCO researchers also developed techniques for improving the quality of child care in centers and family child care homes. As part of this effort, Mathematica Policy Research, Inc., developed this guide describing a high quality child care home and suggesting ways that child care providers can improve the quality of their child care homes.

ECCO was originally designed to promote high quality child care in low-income urban neighborhoods. Yet, the fundamental principles of high quality child care and professional development are the same in all settings. Child care providers in all neighborhoods and in all parts of the country can use the quality principles and strategies presented here to make child care homes even better places for growing.

Editor: Joanne Pfleiderer
Designer: Joyce Hofstetter
Photographers: Jock MacDonald, Forest McMullin
Artwork: Emily Hildebrand, Isaac Sprachman
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How to Use This Guide

Family child care homes are places in which young children do much of “the work of childhood”—playing, growing, and learning. This “work” goes on largely through the efforts of dedicated family child care providers. Parents are usually satisfied that a family child care home is high quality if it meets certain conditions—for example, if it meets state licensing or registration standards or is accredited by the National Association for Family Child Care. Yet, family child care homes have the potential to achieve even greater quality, and homes meeting and then reaching beyond these thresholds allow children to also reach their highest potential. This guide paints a picture of high quality family child care, describing daily routines, mealtimes, how the home is arranged, materials and equipment, and other features of a high quality child care home.

Although quality in family child care goes beyond registration, licensing, and professional accreditation, these are important steps, or milestones, on the road to quality. This guide describes quality in terms of goals—objectives providers can measure their progress against and work toward. As providers move toward these goals, they will meet licensing standards and should obtain the professional recognition of accreditation. After reaching these important milestones, providers should continue working toward the other goals for quality homes. The goals will not be reached in a year or two, as licensing or accreditation might be. Instead, they are objectives for the ongoing development of the family child care provider as a professional.

The quality goals presented here set high standards for family child care. The goals cover four areas: (1) the home environment and daily program; (2) supportive services; (3) administration; and (4) safety. In developing these goals, we used checklists and rating instruments that child care researchers and practitioners agree represent quality in family child care. These instruments are listed at the end of this guide in “For Further Reading.”

The quality goals offer easy-to-use standards for assessing the quality of a family child care home. After measuring the quality of their child care home, providers can come up with a schedule and list of topics for professional development. After identifying the areas they believe are important to work toward first, providers can look for training or other support to help them move closer to these goals.

Many family child care providers operate with little outside support. As a result, it is critically important to find materials and tools to support efforts to improve quality. This guide offers an approach to improving family child care home quality that providers can use either on their own or with the help of a child care resource and referral agency, a family child care association, or other supportive group.

Family child care homes in all neighborhoods and in all parts of the country can use the quality principles and strategies presented here to make child care homes even better places for growing.
Why High Quality Child Care Is Important

Your family child care home is one of a growing number of places that parents rely on to keep their young children safe and happy, often while the parents work. Nationwide, about 10 million children under age five are cared for by someone other than their parent for at least part of the day. Nearly 2 million of these children are in family child care homes. Another 2.7 million are cared for in a home by a relative other than their parent.
When parents look for child care, they want a place where their child will be safe, where they can share information about the child with the person who provides care, and where the child can enjoy a warm and caring relationship with the provider. The child care home must also be affordable and near the parents’ home or job. Although many parents need child care to go to work or to school or job training, they are often worried about leaving their most precious possession in the hands of another person. A skilled and caring family child care provider can lessen some of their fear, so they can go to work or school with a sense of confidence about the care their child is receiving.

Many children spend the most active and important parts of their day in family child care. In a high quality child care home, children are active learners and develop skills that are important for their ability to succeed in elementary school. These skills include curiosity and an interest in learning, cooperation, self-control, and the ability to follow simple directions. In high quality child care, children also grow socially and emotionally so they can meet the challenges of the larger world. They learn to trust adults and develop warm and caring relationships with them and with other children.

Care providers want to give children the best care they can. A recent survey of family child care providers showed that most had decided to start child care work because they wanted to work with children or to help the mothers of children they care for. Most providers look at child care as the work they would most like to do or at least as a good occupation while their own children are young. Clearly, many providers love their job even though they work long hours, often for little pay. Many also lack the support of other adults, such as other providers or people who work for organizations that help providers with training, licensing, and other issues. This lack of support makes it difficult for providers to find out about ways to improve quality of care.

Child care researchers, child development specialists, and people from organizations working to improve the quality of family child care agree about what makes up a high quality family child care home. Many of these people met to develop standards of excellence for family child care, summarized in a recent report, *Quality Criteria for Family Child Care*. These quality standards are goals for care providers to work toward. Here, we describe a high quality family child care home and an approach to developing a home that would meet these quality standards.

Studies have found that a lot of the home-based child care in the United States needs some improvement. In a recent study in California, North Carolina, and Texas, researchers looked at each home, provider, and the children receiving care and rated what they saw on a scale from inadequate to excellent. The study found that just over one-third of the homes offered inadequate care. More than half offered adequate care, but fewer than 1 in 10 was rated good or excellent.

Care providers in the study who offered higher quality care shared several important characteristics. They were committed to caring for children and viewed their work as important. They had completed their state’s licensing or regulation process. They also looked for ways to learn about how to provide better care, such as training, courses on child development or child care, and discussions with other providers. They thought ahead about what children would do each day and planned activities and experiences for them. Finally, they cared for slightly more children than others in the study, charged higher rates, and followed standard business and safety practices.

This guide supports these and other practices that can help create a high quality family child care home. The next chapter describes a quality family child care home, pointing out the unique characteristics of family child care that enhance children’s development. You can use this section to assess how well your home-based program meets goals for quality and to identify where improvement is needed. The last chapter looks at the importance of training and how to find the training opportunities that are so important to quality child care.
What a High Quality Family Child Care Home Looks Like

This chapter describes a high quality family child care home. The description of quality care tries to point out ways to improve home-based child care. We focus on infants and toddlers, from birth to age two, because this age group is most often placed in family child care, according to a national study. This study found that the use of family child care homes and care provided by relatives falls and the use of child care centers rises as children get older.
Quality Principles

For many years, family child care has been an informal system subject to very few regulations, even though most of the children who are cared for outside the home are in family child care homes rather than child care centers. Many parents and policymakers have looked at family child care as “just baby-sitting” and have paid little attention to the quality of the home and how it affects children. Yet, many parents prefer to put their children, especially those under age two, in a home-based setting because they view family child care as more convenient, affordable, and flexible in hours. They also think that family child care involves more personal care for smaller groups of children from people similar to the child and his or her family.

Research shows that high quality family child care promotes children's healthy development. Educating and training people who care for children influence the quality of care provided, but some family child care providers have not completed high school, and many have not completed any child-related training. In addition, many people who provide family child care do not get to meet or talk to other people who care for children, or even with any other adults, during the work day. This isolation contributes to burnout and to providers who eventually leave the child care field. It can also be hard for people who provide family child care in low-income and urban areas to make the home environment safe.

On a promising note, there are a number of ways to improve the quality of family child care homes. One way could involve government regulation and monitoring. Research shows that regulated family child care homes are higher quality, on average, than unregulated ones. Regulating family child care homes has proved difficult, however. Because it can be expensive to monitor many small programs, and a lot of people disagree about what activities should be regulated in private homes, many states have not enacted laws that provide basic protection for children in family child care. State standards for regulating and inspecting family child care also vary greatly across the country.

Another approach to improving the quality of family child care homes involves training the people who provide care. Research shows a strong relationship between provider training and quality programs. Many efforts to increase the quality of care have made provider training mandatory, as an alternative to regulating the behavior of providers in the home. State agencies, resource and referral agencies, family child care associations, and specially funded programs, such as Mervyn's Family to Family training program, have trained large numbers of people who provide family child care.

In the past 10 years, some national groups have developed programs to help people in the child care field increase quality voluntarily, rather than through outside forces such as regulation. Both the Council for Early Childhood Professional Recognition and the National Association for Family Child Care have developed programs for people across the country who provide family child care. These programs award a credential or accreditation to people who voluntarily meet the program’s quality standards.

In their efforts to improve quality, early childhood professionals have tried to avoid turning family child care homes into "mini-centers." Instead, they have tried to strengthen the good and unique things about family child care, while improving the weak areas. Although all
quality child care programs have a common set of basic services and techniques, family child care homes have the following unique characteristics:

- The person who provides care is responsible for setting up the children's program and running the business, allowing for better coordination between the two parts. For example, a family child care provider knows the children's needs when purchasing supplies. The person is also immediately aware of the information on child enrollment forms because he or she collects them directly.
- The home setting is relaxed and noninstitutional. In family child care homes, children can usually go into the kitchen and other rooms instead of being limited to just one all-purpose space. These programs also have comfortable furnishings that centers often lack.
- Children can enjoy and learn from the everyday tasks of family life. They can take part in cooking, doing laundry, grocery shopping, banking, and visiting the post office. These experiences allow them to start to understand how the world works.
- Children can learn from each other because the group is small and is made up of children of different ages, including infants and toddlers. The person who provides care can probably supervise smaller groups better, and the stress of large groups is reduced for both children and the provider. Children in mixed-age groups usually socialize well together, and older children can help younger ones and develop related helping skills. Children are less likely to compete over the same things because their interests and abilities differ. Brothers or sisters, from infants to school-age children, can be cared for together, which may strengthen family ties and be more convenient for parents.
- It is possible for the same person to care for a child for several years. This allows a secure and close relationship to develop between the adult and child. There is less trauma associated with separation and stranger anxiety (which are normal phases in the development of young children). Bonding between child and provider is uninterrupted.

The goals for family child care homes discussed here reflect broad agreement of family child care professionals and researchers about quality in family child care homes. The goals also build on the unique advantages of family child care. Regardless of where care is provided, these quality goals are important for children's development. Many of the youngest children in our country spend most of their waking hours in child care, which must meet their needs for protection, nurturing, social interaction, and stimulation. We have kept the needs and interests of both children and their working parents in mind in adopting the following seven quality care principles for family day care homes:

1. A child learns best in a setting that builds on his or her unique needs and strengths and is designed to help the child fully develop cognitively, socially, physically, and emotionally, in a manner appropriate to his or her age and stage of development. This principle is intended to help children reach the highest level of educational and social proficiency they can.
2. Stimulating activities to enhance cognitive, social, physical, and emotional development are part of a varied daily program that includes developmentally appropriate individual, small-group, and whole-group activities that emphasize dispositions toward learning rather than academic content.
3. Equipment and materials are varied, appropriate for the child’s age and stage of development, and arranged so that children can use them with minimal help from adults.

4. If the child and/or his or her family have problems, prevention, early identification, and early intervention are necessary to maximize the child’s development.

5. Parents are the primary educators and the most fundamental influence in the development of their children. They must be actively involved in their children’s education.

6. Working parents’ needs provide the framework for program design, including the length of the day, the number of days of service, and time constraints for parent participation.

7. Cultural and racial/ethnic diversity is promoted, accepted, and respected.

**Quality Goals**

The quality-care goals set high standards for family child care homes. These goals go beyond licensing standards or professional accreditation, although these steps are important milestones on the road to higher quality. Family child care homes have the potential to achieve even greater quality, and homes that meet and then reach beyond these milestones allow children to also reach their highest potential. Most family child care homes will not meet the quality goals at first but...
can work toward them until they approach or reach them. Family child care homes are expected to move toward the goals at different rates. The quality goals will not be reached in a year or two, as licensing or accreditation might be. Instead, they are objectives for the ongoing development of the family child care provider as a professional. We define quality in four areas:

1. The home and the daily program
2. Administration
3. Supportive services
4. Safety

In a center, staff who are not teachers might handle supportive services and administration, but a single person deals with all of these things in a family child care home. The family child care goals recognize the many areas in which family child care providers contribute to quality.

**Quality Goals in the Home and the Daily Program**

The goals here focus on the day-to-day conditions for creating a program for children in family child care that is appropriate for their age and level of development. We discuss quality goals in six areas:

1. The physical environment
2. Materials and equipment
3. Activities for playing and learning
4. The daily schedule
5. Interactions between children and the person who provides care
6. The relationship between parents and the person who provides care

**Physical Environment**

At the heart of high quality care is adapting the physical environment in the home, both indoors and outdoors, to the needs of a group of children. Caregivers need enough space that is arranged in a way so that the person can complete the daily child care routines and the children can take part in a variety of play activities. The family of the person providing care should help decide which spaces are used for child care and which spaces are off-limits to children. Some families prefer to separate spaces used for child care from spaces reserved just for the family, while others decide to share all spaces and make sure the entire home is childproof and safe. Whatever the decision, children should be clear on what spaces they can use. Rooms that are off limits should be closed off and secured, with high latches or locks, if necessary, so that children cannot enter but adults have ready access. The doors to a room cannot be locked if people must walk through the room in an emergency, such as a fire.

It is important to plan for children's personal care. Places for napping should be quiet and safe. Individual cots or other appropriate places to sleep with clean bedding should be provided. Diapering/toileting areas need to be close to hot water and easily sanitized. The kitchen and eating area need to be separated from diapering/toileting areas and must be kept clean and sanitary.

The space must be arranged so that individual children, small groups, and the whole group can play. The space arrangement should also consider the different age groups in attendance, from infants to school-age children. A child should be able to move from one area to another without

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Caregivers need enough space that is arranged in a way so that the person can complete the daily child care routines and the children can take part in a variety of play activities.
interfering with the play of others. Soft, quiet areas are needed for children who want to get away from busy or group activity and just relax. In quiet places, a child can take time to look at a book, daydream, or play a quiet game. There should be enough space so that children can move freely and play actively with many different materials.

Furnishings must be safe, child-sized, convenient for both daily routines and play activities, and comfortable. Babies require cribs, a changing table, and feeding chairs. Child-sized furniture is preferable for older children. Adapting furniture to the size of children is acceptable, however, so that they can perform daily activities without help and develop independence. For example, booster seats may be used to make chairs higher so that children can reach the table comfortably. Step stools may be placed near sinks and toilets so children can wash and use the bathroom without help. For children who have disabilities that involve special needs, adaptive equipment should be available.

To learn to use materials independently, children need storage space that is organized for their needs. Because of space limitations in family child care homes, solutions to storage will vary. For example, some homes might use open shelves with toys arranged by type. Others might use baskets on the floor, each containing a different type of toy. Activity boxes, with all the materials needed for one activity, can be stored in a closet or stacked in an out-of-the-way place and then brought out for special play. In a home with children of different ages, care must be taken to prevent infants and toddlers from finding and playing with materials for older children that may be dangerous for younger ones. Providing a place for each child to store his or her personal things can help develop children’s sense of belonging. Hooks for coats, and containers, such as plastic bins, for other personal items (for example, a favorite toy) should be available and easy for children to reach. A place for diaper bags and a change of clothes is necessary for infants and toddlers. Children’s work and other things they might find interesting, such as posters or blackboards, should be displayed at their eye level (which may be between one foot and four feet from the floor, depending on their age) to show that they are valued members of the home. The provider must use judgment about what is displayed within the reach of infants and toddlers, however, who might grab what they see and put it in their mouths.

**Materials and Equipment**

Children learn best through active exploration. To ensure that they have a chance to develop a wide range of skills, children must be involved in a variety of hands-on activities and have many activities to choose from. The family child care home should have enough developmentally appropriate materials and equipment to provide variety and to enable more than one child to use the materials or equipment at once. Children should be able to use these materials independently. Materials should also be stored where children can reach them, use them, and put them away with minimal help. In family child care homes with infants and toddlers, materials should be changed frequently to keep pace with the rapid development of these age groups.

Materials that require the care provider to supervise the children closely should be used regularly so that children benefit from these experiences. For example, toddlers enjoy simple art projects but are also likely to use materials inappropriately when not closely supervised (for example, they may taste or chew on art supplies or draw on furniture or walls). They should be given large sheets of paper and sturdy nontoxic markers so they can make their own scribble pictures with supervision. In contrast, preschoolers should have access to a variety of safe art materials.
Furnishings must be safe, child-sized, convenient for both daily routines and play activities, and comfortable.

Materials that they can use whenever they want to, as well as special supervised projects that involve messier materials. In mixed-age groups, younger children should not be allowed to disturb special activities for older children. The younger children’s naptime can be a good time to bring out special activities for the older children.

Adding a variety of toys, materials, and equipment to a child’s environment increases the child’s opportunities to develop intellectually. A child with access to a variety of materials and toys has a changing arena in which old ideas can be tested and new ideas can be formed. For example, a baby who has one ball to play with will find out that the ball rolls, bounces, and looks and feels a certain way. When offered a ball with a musical chime inside or a basket full of different balls, the baby’s thinking about balls expands. The baby must redefine the meaning of “ball” for himself or herself.

To encourage children to develop socially, toys and materials should be multicultural and nonsexist. Books and stories should show people of all racial and ethnic groups, ages, sexes, and cultures in a positive way. Dolls and puppets should be representative of more than one race. Children should be encouraged to play with any toys they want to, and no toys should be labeled as “boys’ toys” or “girls’ toys.”

Materials or equipment for play should be available outdoors as well as indoors. Taking infants and toddlers outdoors may require strollers or blankets spread on the ground, depending on children’s ages, the location of the play area, and the outdoor equipment available. Outdoor play equipment for infants and toddlers, such as balls and simple wheel toys to push and pull, should be provided.

Activities for Playing and Learning

The family child care home should offer activities for each child of every age group in care. These activities should take place during daily routines as well as during play time. For example, talking with a baby about what is happening during diapering, or with a group of children about the morning’s activities during lunch time, is a language development activity conducted during daily routines. A similar activity during play time might involve talking with children about the new materials in the playhouse (for example, pots and pans or child-sized cleaning supplies).
Activities may be initiated by the child or offered by the person providing care. Choosing a book and reading it to infants, toddlers, or preschoolers is a language development activity initiated by the care provider. Children looking at books by themselves, or choosing one and asking the provider to read it, is a child-initiated activity. If the space is well-organized, safe, and includes developmentally appropriate materials, children can choose their own activities for a good part of the day.

A wide range of play activities, both indoors and outdoors, should be available for children every day. Toys and materials should be set up in such a way that children can select activities, play, and then clean up independently as much as possible. The care provider should not dominate children’s play or insist that children perform to particular standards (for example, by insisting that a child who is playing with a ball throw it in the air and catch it). The provider should, however, encourage children who are shy or need more direction to participate.

Infants and toddlers enjoy activities using a wide range of toys and equipment, including sturdy picture books, musical toys, light blocks, dolls, easy-to-put-on dress-up clothes, and other familiar things to pretend with. Toddlers should also be offered simple art materials and sand and water play. Preschoolers and school-age children need a variety of developmentally appropriate activities to keep them interested and stimulated. These include books, puppets, and games to encourage language development. Activities to develop fine-motor skills include playing with blocks, toy cars and people, puzzles, small building toys, and pegs with pegboards, as well as stringing beads. Riding and pushing toys, such as tricycles and doll strollers, help children develop large-muscle skills. Active outdoor play requires plenty of space to run and move around, and equipment, such as balls, toys with wheels for pushing or riding, and things to climb on. Creative expression can be encouraged through art, music and movement, and dramatic play. Preschoolers also enjoy sand, water, and nature activities. Children should be encouraged to engage in most of these activities independently with as little adult help as possible. Activities should involve “hands-on” work and be open-ended, allowing children to be creative and express themselves individually.

Older school-age children’s interests and abilities are very different from younger children’s. Older children need materials for long-term hobby and art projects, music, board and card games, team and individual sports, and language and reading. In some cases, they will need materials for doing homework, such as paper, pencils, pens, rulers, maps, and reference books.

All children should take part in activities involving home living, such as preparing and serving meals, watching and talking about the visit of a repair person, or helping with simple household chores. In addition, experiences outside of the home, such as trips to the grocery store, library, or park, involve opportunities for learning.

Active and creative play should be encouraged throughout the day. Television, videos, and computer or video games must be used sparingly, if at all, and limited to those that are developmentally appropriate for children. Children should not be permitted to watch violent television programs, including many cartoons, and sexually explicit programs, such as soap operas.

Daily Schedule

Activities need to be planned and prepared in advance and should balance indoor and outdoor experiences. Children should be able to play independently as well as in groups. For example, a child may want to curl up on the couch and read a book and then join the other children in an art project.
A schedule that provides both stability and flexibility to meet individual children’s needs and allows children to complete activities and personal care routines in a consistent way each day is an important part of high quality family child care. A predictable schedule that provides regular times for play as well as naps, meals and snacks, greeting and departing, and other care routines enhances children’s development. At the same time, some flexibility may be necessary to allow children to complete projects that are holding their attention, or to accommodate an unusual event, such as a visit by a repair person.

Planning the daily schedule for family child care homes is made more complicated by the different ages of children. The schedule must be flexible enough to include the differing needs of individual children, especially infants and toddlers, who have unique schedules for eating, sleeping, diapering, and playing. As infants and toddlers grow older, they adjust to a regular but relaxed group schedule. In a high quality family child care home, the care provider looks for the clues each child shows when he or she is hungry, sleepy, and so forth and responds to meet these needs.

A flexible schedule also makes it possible to take advantage of unplanned learning opportunities. For example, the care provider might let clean-up time wait if the children want to watch the snowplow clear the street. Children can add to their understanding of the world around them as they watch the snowplow. The provider can enrich the learning experience by talking with children about what they see: “The snowplow has finished plowing the left side of the street. What do you think the driver is going to do next?” This type of conversation encourages children to think and adds new words to their vocabulary. The provider can also follow up by reading a picture book about trucks and plows to interested children, or by bringing out small toy trucks and plows that the children can use to re-create through pretend play what they have seen.

Flexibility in the schedule allows children to finish projects without having to move on before they are ready. Doing so will help develop concentration skills and the ability to finish a project. Flexibility helps minimize the upsets caused by suddenly interrupting a child’s concentration—so often responsible for tantrums in toddlers and two-year-olds.

Play time and routines should be unhurried and pleasant and should balance active and quiet play. Moving from one activity to another should occur with a minimum of confusion or rigid control. The care provider should let children, including infants and toddlers, know that a change is coming and provide time for them to adjust. Gentle, gradual changes in activities will reduce stress for all involved.

The day should include plenty of uninterrupted play time so that children can focus on meeting their own challenges, either individually or with a few playmates they select. Scheduled group activities are especially unsuitable for infants and toddlers, who usually play alone and interact with other children only briefly. Infants, toddlers, and two-year-olds often get interested in what another child is doing and want to join in. They may appear to want to do things as a group, but they really just want to use the other child’s toy or play nearby with a similar toy.

Since young children gradually develop the social skills needed to get along in a group, group activities should be limited during the preschool years. One of the positive things about family child care is that the group is relatively small. Even so, whole-group activities in which all children are encouraged to participate, such as story time or a special cooking activity, should be short. The care provider should be aware of the children’s interest level and let them leave the group to start

A predictable schedule... enhances children's development.
another activity if their attention lags. Children who do not want to be part of the large group should be allowed to choose another activity.

One to three hours of outdoor play should be scheduled and provided daily, except in very bad weather, because children build strength and resilience from active outdoor experiences. All children, including infants and toddlers, should be taken outside. Infants cannot take part in active physical outdoor play, so they should be protected from exposure on a cold day. Infants need a hooded snowsuit or a warm jacket and hat on a cold day. Their outdoor play should not occur all at one time, but rather should be spread throughout the day in small segments.

Active, physical, skill-building play, such as walking, running, climbing, balancing, swinging, and bicycle riding, should be available to children as appropriate for their age and level of development.

Care providers should be aware of each child’s sleeping patterns and should organize a flexible schedule around his or her changing needs. Infants, and some toddlers, usually need more than one nap a day. It is unlikely that all children will be asleep at the same time. Preschoolers should have an afternoon nap, but not all children have the same requirements for sleep. Quiet activities should be available for those who cannot sleep or who wake up early.

Meals and snacks should be scheduled appropriately throughout the day, so that children receive the food they need daily. For example, if a child arrives before eating breakfast, a breakfast should be served in addition to lunch and snacks. Mealtimes should be relaxed, with plenty of time for slow eaters to finish. Those who finish earlier should be allowed to move on to another activity. Relaxed meals and snack times are pleasant times for children to socialize and learn. Healthy eating habits can be established, along with many social skills, such as conversation and using “please” and “thank you,” and self-help skills, such as serving food from a common bowl or pouring a drink from a pitcher. For infants and toddlers, the care provider should be aware of their individual feeding schedules and preferences and feed them when they show signs of being hungry, so that trust can be established between them.

**Care Provider-Child Interactions**

Positive interactions between children and the care provider are fundamental to quality child care. Young children, especially infants and toddlers, thrive in a setting that supplies physical affection.

Being held and cuddled, hugged, or patted is part of the warm, sensitive, and loving setting that a high quality family child care home creates. The provider can use a warm, soothing voice to add to the child’s sense of being in a loving and safe place.

Affection is not the only thing that is required for quality interactions. Each child’s developing sense of self-confidence and self-worth is based on the responses he or she receives from caring adults. These responses include holding or feeding a crying baby, listening attentively to a toddler or preschooler, and generally showing respect for the child as a person. Feelings of self-worth, lovability, and competence grow as a child receives positive feedback from others. The provider should show appreciation and respect for all children in care, including those with special needs and those from cultural, racial, ethnic, or socio-economic groups that differ from the provider’s. The provider should take time to interact personally with each child and to give the child frequent positive attention.
During times of stress or emotional difficulties brought on by such things as being separated from parents or being afraid of strangers, children must be able to count on getting understanding and support from their care provider. If children show signs of sadness or distress, the provider should respond in an understanding, reassuring, and patient way. The child must know that his or her feelings are acceptable, and the provider must give the child the support he or she needs to handle these feelings.

Children's development can also be encouraged through the interactions in the family child care home. Children's development of social, language, and intellectual skills is strongly linked to the quality of their interactions with caring adults. For children to develop the social skills they need to get along with others, the care provider must guide them with patience. He or she must never use punishments such as spanking, yelling, embarrassing, or withholding food to control children. These methods do not help children learn to regulate their own actions and behavior and can harm their development of a positive self-image. Instead, the provider should use educational methods, such as distracting the child, redirecting the child to other activities, or helping children work out solutions to disagreements through talking and problem solving. Furthermore, the setting and schedule should be set up to minimize disagreements. For example, duplicates of favorite toys should be available so young children have fewer problems with sharing. Pleasant voices and a generally calm and relaxed atmosphere show that positive ways of guiding children's behavior are working well.

To encourage children to develop their language skills, the care provider should talk to each child often every day, in an informal and friendly way. Comments about the child's activities will help link words with what the child is doing, thus teaching language. The provider should also make the family child care home language-rich, with plenty of books, pictures, and interesting objects and experiences to talk about. Both infants and toddlers as well as preschoolers need a language-rich setting. Books should be read every day to all children who are interested. Even infants will show an interest in short, colorful picture books. Nursery rhymes, poems, songs, and simple stories should also be a regular part of the day.

The care provider should take delight in children's talk and encourage each child to communicate with the provider and with the other children in the group. “No talking” rules do not belong in a high quality family child care home. The provider must recognize that children's language development is important to later success in school.

To encourage intellectual development, the care provider should show enthusiasm for learning and support children's curiosity and interest in learning. He or she should let the children take the lead as they explore, experiment, and face challenges in their play, and support their activities by providing new resources and opportunities for learning. Showing interest in what children choose to do lets them know that their learning is important. In addition, the provider who is paying attention to children's play can comment or ask a question that will move the children's thinking along. Questions such as, “What will happen when we put this in the oven?” or “Why did the block tower fall down?” will help children think at a higher level.

Relationships with Parents

Parents are the key to working effectively with children, so a positive relationship between the care provider and parents is very important. Respect and trust must develop between the parent and the provider.
The care provider and parents need to work together to encourage a child’s development and should share information regularly. For example, they can do so at drop-off and pick-up times, through notes and telephone calls, and through face-to-face meetings. Parents will have views and preferences on discipline, toilet training, feeding, and other topics that need to be discussed.

Different philosophies about child rearing should be discussed. When possible, the care provider and parents should reach a shared agreement and understanding. For example, a mother who wants her baby to be put to bed with a bottle can learn from the provider that this may cause the baby to develop tooth decay or ear infections. The provider can meet the mother halfway by assuring her that he or she will hold and rock the baby during feeding time and then put the baby to bed. The provider should always encourage parents to speak up and express their point of view. When differences come up, mutual respect, cooperation, and problem solving can help smooth the way.

Parents should be told about child care activities that go on during the day, to strengthen their bond with their child. Parents should be helped to feel that they know what their child enjoys, plays with, and accomplishes during the day. On the other hand, parents should let the care provider know about any changes in the home that may affect the child. This type of information sharing benefits the child in important ways.

Table 2.1 (pages 20–21) summarizes the quality-care goals for the home environment and daily program.

**Quality Goals in Administration**

The administration goals focus on the management that is needed to run a quality family child care home. One of the major differences between a child care center and a family child care home is that the care provider in the home must handle management tasks as well as caregiving. This section looks at the number of children per adult (adult-child ratios), qualifications of the care provider, planning and evaluating caregiving and the home environment, business management, and continuity of care.

**Adult-Child Ratio**

The adult-child ratio is an important part of the quality of care provided. It is more likely that children will be supervised properly and that children will have good interactions with a care provider who is looking after a small group. In a high quality family child care home, a relatively small number of children should be present at any one time. Small numbers increase the likelihood that other quality goals will be reached.

The adult-child ratios suggested here allow fewer children per adult than the ratios suggested for centers by the National Association for the Education of Young Children. This is because a family child care provider does not have the daily support (such as extra adult help) available to a provider in a quality child care center. For example, two center staff members may work together in a room, a part-time person may work during infants’ feeding time, and the center director may help with special activities. A family child care provider rarely has this type of help. In addition, a care provider in a quality center is usually not responsible for answering the telephone or for preparing or cleaning up after meals, but a family child care provider must do all this plus meet the educational and care needs of the children.
The recommended numbers of children per one adult in a quality family child care home are listed next. These numbers include the care provider’s own children under age 12.

- The group can have no more than five children under six years old. Only two can be under 24 months old.
- One school-age child may be added to the group of children under six years old.
- If the group includes a child with special needs, the ratio must be adjusted to ensure that the needs of all children in care are met.
- In states that regulate large family child care homes ("group homes"), the group size and the number of children may be doubled if a second adult is employed to help the main care provider.

Provider Qualifications

A well-qualified care provider is the key to quality in a family child care home. A good care provider needs maturity, a sense of responsibility, and an interest in learning. The provider should be at least 21 years old and have a high school diploma or GED. He or she should understand and be willing to work toward the quality goals and speak the primary language of the children and their parents.

The provider in a family child care home must balance personal and caregiving responsibilities. Quality cannot be maintained when the needs of the care provider’s family conflict with the needs of children in care. To keep these kinds of problems to a minimum, the provider should discuss the family child care business with the members of his or her family and gain their support before child care starts.

The care provider should have a code of behavior that includes being dependable and honest in all personal and business dealings. Furthermore, confidentiality should be maintained; information about the children and their families should not be discussed with other parents, children, or friends.

Training in child development for family child care providers has been shown to improve the quality of the child care they provide. A family child care provider should be involved in ongoing training to increase his or her skills and knowledge. (Training is described in Chapter 3.) Care providers should also work toward receiving professional recognition in the child care field, such as accreditation or a credential, diploma, or degree, through workshops or courses offered at the local child care resource and referral agency, community college, or other organization.

Planning and Evaluation

Program quality is built on planning and evaluation. A care provider can evaluate the program informally each day by asking himself or herself, “How did it go today?” and using the answer to prepare for the next day. The provider should ask parents and other child care professionals for their input on the program each year, see how much progress has been made, and set goals for the following year. A set of standards, such as the goals described here, can be helpful in this process, ensuring all parts of the program are assessed and providing a clear picture of its strengths and weaknesses. The provider should willingly open the program to outside evaluators, consider their suggestions seriously, and use the suggestions to improve the program.
Table 2.1  

<table>
<thead>
<tr>
<th>Area</th>
<th>Goals</th>
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<tbody>
<tr>
<td>Physical Environment</td>
<td>• There is enough space to carry out daily routines, and furniture is arranged to allow daily activities to take place.</td>
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<td>• Soft, quiet, inviting areas are available to children.</td>
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<td>• Play areas are set up so that different types of play do not conflict with one another; space is arranged so that children of different ages can use it.</td>
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<td>• Space is arranged so that children can move freely from one area to another; enough open space is available to allow infants and toddlers to crawl and walk.</td>
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<td>• Table and chair heights are adapted to the size of the children, or children's furniture is provided.</td>
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<td>• Enough storage space is available for the child care program, and for storage of children's own things.</td>
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<td>• Children's work and other items of interest are displayed at their eye level, but provider uses judgment about which items can be safely displayed within the reach of infants and toddlers.</td>
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<tr>
<td>Materials and Equipment</td>
<td>• Play materials and equipment appropriate for the children's age and level of development are available for all children cared for in the home.</td>
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<td>• Materials are available to develop a variety of skills.</td>
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<td>• Every month or two, some materials and equipment are put away and others are brought out to stimulate interest.</td>
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<td>• Children can reach some materials and use them on their own; however, materials requiring close supervision are stored out of children's reach.</td>
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<td></td>
<td>• There are enough toys and materials to avoid competition and waiting.</td>
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<td></td>
<td>• Multicultural and nonsexist materials are provided.</td>
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<tr>
<td>Activities for Playing and Learning</td>
<td>• Children can choose a variety of indoor activities that reflect their different developmental levels and interests. Children generally choose their activities, which proceed according to the child's design, allowing children to express themselves and be creative.</td>
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<td></td>
<td>• Activities are hands-on and encourage a full range of developmental skills, including language development, fine- and gross-motor skills, creative expression, and social development.</td>
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<td>• Children take part in learning experiences involving home living.</td>
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<td>• Activities are planned and prepared in advance; some activities are for individuals, and some are for groups of children.</td>
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<td>• Children regularly go on small trips outside the home, such as a neighborhood walk or a trip to the local library or playground.</td>
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<td>• Television, videos, and video games are used sparingly, if at all, and are limited to those that are good for children.</td>
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## Table 2.1 HOME AND DAILY PROGRAM GOALS

<table>
<thead>
<tr>
<th>Area</th>
<th>Goals</th>
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| Daily Schedule            | • A regular daily schedule provides time for care routines, indoor and outdoor activities, structured and unstructured play, and active and quiet play.  
• The schedule is flexible enough to meet the differing needs of all children in the home; infants and young toddlers are on their own schedules.  
• There are large blocks of “free play” time for individual and small-group activities; whole-group activities are scheduled for short periods and used only if they are developmentally appropriate.  
• Changes in activities are handled smoothly, with a minimum of confusion or rigid control.  
• All children, including infants and toddlers, play outdoors for one to three hours daily (except in very bad weather).  
• Diapering/toileting routines are handled in a pleasant, developmentally appropriate manner, with time allowed to meet the needs of each child.  
• Naps are scheduled to meet the needs of each child. Activities are available for children who cannot sleep or who wake up early.  
• Meals/snacks are scheduled to provide sufficient nourishment for children and with enough time to be relaxed social and learning experiences. |
| Care Provider-Child Interactions | • The care provider appreciates and respects all children, including those with special needs and those from cultural, racial, ethnic, or socioeconomic groups that differ from the provider’s.  
• The care provider makes the setting warm, sensitive, and loving.  
• Each child gets frequent positive and individual attention.  
• Voices are pleasant, and the atmosphere is calm.  
• Children are guided patiently in learning how to get along with others, and no harsh punishment (such as spanking or yelling) is ever used.  
• The care provider talks to each child frequently and informally every day.  
• The care provider encourages children’s development of language through a language-rich setting.  
• The care provider encourages children to talk to each other.  
• Children are encouraged to do things on their own, as appropriate for their age and stage of development. The care provider allows children to try activities on their own and follows their lead, helping them along if necessary. |
| Relationships with Parents | • Parents are encouraged to be involved in family child care activities to the extent that they can be.  
• The care provider and parents work together to encourage the child to develop to his or her fullest potential.  
• The care provider and parents share information every day.  
• Regular meetings between parents and care provider are scheduled, with additional meetings as needed. |
A care provider should develop plans, for the upcoming six months or more, to provide a stimulating program that meets each child’s learning needs. To help come up with these plans and to put them in place over the six-month period, the care provider should watch each child to identify his or her developmental level and then write down his or her observations. These observations should be made every two months (or more often for younger children, who develop rapidly). The care provider can use a simple developmental checklist (listed at the end of this guide in “For Further Reading”) or take notes on the child’s behavior. In this way, the provider will develop skills in observing and in developing activities to enhance each child’s development.

**Business Management**

Good business practices help parents develop trust in a care provider. Parents need to know that the provider has met all local rules for running a family child care home; certificates of licensing, fire inspection, and other regulatory approvals should be posted where parents can see them. After giving parents copies of the family child care home policies and discussing them, the provider should ask parents to sign an agreement that clearly spells out the responsibilities of the provider as well as the parent. For example, the agreement should describe fees, policies for sick children, holidays, supplies the parent is responsible for (for example, diapers), and other issues.

A care provider needs to maintain records in an organized way. The provider should keep the following business records:

- Proof of compliance with all state and local regulations
- Receipts and expense records needed for participation in the Child and Adult Care Food Program
- Attendance information
- Documentation required by public programs that help parents pay for child care
- Proof of liability insurance coverage

Records for each child should include the following:

- Health and immunization history
- Emergency medical information (including the telephone numbers of parents at home and work, the child’s doctor and preferred hospital, and an emergency care release form)
- Enrollment forms
- Developmental records of the child’s progress compiled by the care provider

**Continuity of Care**

Continuity of care—in other words, interacting with the same people every day—gives both children and parents a sense of security. The family child care provider should, if possible, have a back-up plan for a substitute in case the provider is sick or has a family emergency. Substitutes could be other care providers in the neighborhood. If more than one is available in the neighborhood, it should be possible to find care for all of the children when the regular care provider is ill or cannot work. The provider should make sure the substitutes are familiar with the family child care home before starting work. The families and children should feel comfortable with the
substitutes, and the substitutes should be familiar with the children and know the home, policies, practices, schedule, and program. Another part of continuity of care is the similarity between child care practices in the family child care home and in the child’s own home. The care provider and parents must establish and maintain a close relationship. Talking to each other will help these adults better understand the child’s needs and may also help, over time, to make their practices more similar and provide greater continuity.

The care provider should be on the lookout for anxiety in a child who is moving out of the program and should try to bridge this gap in continuity of care. For example, the provider can make the move easier for the child by talking to the child about the new situation and perhaps by giving the child something to remember the home by, such as a photo of the child with the other children. The provider can also help parents understand that the child needs to be introduced to the new situation a little at a time, or make other suggestions to help support the family during the change. Inviting the child to come back for a visit can help make the change easier.

Table 2.2 summarizes the quality-care goals for administration.

Quality Goals in Supportive Services

Supportive services are geared toward the child and/or the family and support the child care experience by reducing problems the family may be having that affect the child. Supportive services in health, nutrition, and mental health, as well as social services and parent involvement, reduce problems that prevent children from learning and help them live up to their potential—to “be all they can be.” Parents might also need these services if they find it hard to manage the demands of work and family, their home lives present barriers to self-sufficiency (for example, domestic violence or divorce), or they need help to get through rough periods in their lives.

Supportive services can have large benefits for a child as well as the entire family. Programs like Head Start often provide these services directly. Although family child care programs usually cannot provide these services, they can try to link parents to services in the community. Family child care providers should contact local family child care networks, resource and referral agencies, or other agencies to see if they can help identify organizations and professionals who can work with families that have problems.

Health Services

Health services are central to a quality program for children. To stop disease from spreading and to encourage good health in children, a high quality family child care provider should try to maintain a healthful environment. The effort should start in the family child care home, which should be in good repair, with good lighting, comfortable temperature, and enough ventilation. The home should be free of hidden health hazards, such as lead in the drinking water or asbestos that is not properly contained. The health risks of passive smoking are clear, so there should be no smoking in the child care areas when children are present. In addition, cigarette butts and ashes should be thrown away, out of children’s reach.

The home should be clean. Floors should be swept or mopped often because infants and toddlers pick up small objects off the floor and put them in their mouths. Food must be cooked and served in a sanitary way. Sanitary procedures include washing hands, cleaning
cooking and eating equipment thoroughly, and cleaning and sanitizing food preparation areas with a mild bleach and water solution. Food that spoils easily (for example, meat and dairy products) should be refrigerated or frozen according to package directions. Meat should be cooked thoroughly. Hot food should be kept hot or refrigerated immediately. Infant formula must be stored properly and warmed just before use. Formula and food brought from the child’s home must be labeled with the child’s name and refrigerated, if necessary, to avoid spoiling.

Table 2.2

<table>
<thead>
<tr>
<th>Area</th>
<th>Goals</th>
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<tbody>
<tr>
<td>Adult-Child Ratios</td>
<td>• A family child care home can provide care for five preschool children, with two of the children less than 24 months old.</td>
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<tr>
<td></td>
<td>• One school-age child can be added to a preschool group.</td>
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<td></td>
<td>• These ratios include the care provider’s own children under the age of 12.</td>
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<tr>
<td></td>
<td>• If a family child care home includes a child with special needs, the ratios must be modified so that the needs of all children are met.</td>
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<tr>
<td>Provider Qualifications</td>
<td>• The care provider is at least 21 years old.</td>
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<td>• The care provider’s family members give their consent and cooperation to have a family child care arrangement in the home.</td>
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<tr>
<td></td>
<td>• The care provider is honest in personal and business dealings, dependable, and maintains confidentiality.</td>
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<td></td>
<td>• The care provider gets periodic training to improve his or her skills in delivering quality family child care.</td>
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<tr>
<td>Planning and Evaluation</td>
<td>• The care provider assesses the program each year to see how much progress has been made and to set goals for the upcoming year.</td>
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<td>• The care provider works with outside people to get their evaluation of the program and incorporates their suggestions for improvement.</td>
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<td>• Activity plans are developed to meet the needs of individual children.</td>
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<tr>
<td>Area</td>
<td>Goals</td>
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</tr>
<tr>
<td>Business</td>
<td>• The family child care home meets all local requirements for registration and licensing. It has a current certificate, registration, or license, as required.</td>
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<tr>
<td>Management</td>
<td>• The care provider signs an agreement with the parent(s) of each child in care, stating the responsibilities of each party.</td>
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<td>• The care provider maintains up-to-date records in an organized, accessible system, including records on each child and business records needed for the Child and Adult Care Food Program, licensing, and other purposes.</td>
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<td>• The care provider has insurance to protect the children and himself or herself.</td>
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<td></td>
<td>• The care provider makes plans for substitutes and makes sure they are familiar with the program.</td>
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<tr>
<td>Continuity</td>
<td>• The care provider uses a limited number of substitutes, who are familiar to parents and children and who have been trained to carry out the regular program.</td>
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<tr>
<td>of Care</td>
<td>• The care provider has a close relationship with children's parents to ensure continuity of care.</td>
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<td></td>
<td>• When a child moves out of the program, the care provider helps the child adjust to the change.</td>
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The care provider must know how disease is transmitted and take action to prevent its spread. Materials or equipment used by children must be cleaned frequently. Toys that infants and toddlers put in their mouths should be washed daily, or more often if possible, with soap and water, and then air dried.

In a home with pets, the care provider must be sure to minimize the associated health risks. Children should be taught how to handle pets without hurting them, and how to avoid bites or scratches. Pets should be clean and free of fleas, ticks, and worms. Children should not have access to cat litter boxes, and the areas children use for play indoors and outdoors should be kept free of animal feces. Outdoor sand boxes should be covered when not in use. Children's food and toys should be kept separate from animals' food and toys. Children need to be supervised at all times when pets are around.

Diapering and toileting routines should be handled in a pleasant, helpful way. Individual differences in children and in family preferences must be considered during toilet training, and
accidents must be handled with patience and understanding. After diaper changes, both the adult’s and the child’s hands must be washed thoroughly. The diapering surface must be sanitized with a mild bleach and water solution after each child is changed, and dirty diapers and clothing must be disposed of properly. Soiled clothing and cloth diapers should be sealed in plastic bags; disposable diapers should be thrown away, out of children’s reach. Toilets must be flushed after each use; toileting accidents and spills of body fluids, including blood, must be cleaned up immediately, by washing and sanitizing the affected surfaces. Adaptive equipment, such as child-sized toilet seats and steps or footstools in front of the sink, should be used to help children take care of personal hygiene. Potty chairs should be avoided. If their use is necessary, they must be emptied, washed, and sanitized after each use.

To prevent the spread of germs, both adults and children should wash their hands frequently during the day. Hands should be washed when dirty; after diapering, toileting, nose wiping, sneezing, or coughing; and before preparing, serving, or eating food. Infants’ and toddlers’ hands should also be washed at these times. A recent study on how disease is passed among infants and toddlers in child care found that there were more germs on children’s hands than on any other surface.\textsuperscript{11}

The development of good health habits in children depends on several things. First, the care provider must be a good model for children to follow. In addition, he or she should teach children how to maintain good health by talking about and providing chances to practice personal hygiene. Finally, children must be well supervised by the care provider to make sure they practice personal hygiene regularly and effectively. For example, the provider should watch to see that children brush their teeth, wash their hands, flush the toilet, and so forth. Health education should be part of each day, so children learn good health habits through daily practice in real-life situations.

Good health habits can reduce illness and promote good health among children. If a child develops a contagious illness, the care provider should inform parents of all children in care. All medical problems and accidents should be recorded on a written form and a copy given to the child’s parent. The form should include the date and time of the accident, reason, and what first aid was administered. The provider should have a written policy on giving medicine and should require signed permission from the parent to do so. Prescription medicines should be given only if they are in the original container, with clearly written directions on the container for administration. Over-the-counter medication should be given only according to the parents’ clearly written instructions. A medical consultant (the care provider’s own pediatrician or a local clinic) should be available to answer health-related questions so the care provider has a source of information in case of problems.

Each child must have a complete physical before starting care. The care provider must keep, in a confidential file, a health record for each child, including a health history and record of immunizations or shots. Medical emergency information, including where to take the child for emergency care and written consent from the parent for treatment and transportation of the child, must also be kept in this file.

The family child care home’s written policy should also cover how sick children will be handled. A child who is too sick to participate in the program, has a contagious condition, or needs so much of the care provider’s time that the provider cannot attend to other children should not be in the child care home. Children with a fever of 101° F or higher, unusual sleepiness or lack of energy, persistent coughing, difficult breathing, diarrhea, vomiting, mouth sores, rashes with fever, or conjunctivitis (pink eye) should not be cared for in the child care home.
To some extent, the health of children depends on the health of the adults around them. The care provider should be in good health, with enough energy to handle the children's needs. The provider and his or her family members should have had a physical, including a tuberculosis (TB) test, within the past year and be free of contagious diseases that might endanger the children. Substitutes who work with the children should also have had a physical and a TB test within the past year. Substitute care providers should be trained to carry out the family child care home's health and medical emergency procedures.

**Nutrition Services**

The nutrition component of child care has important effects on children's social, emotional, and learning experiences, as well as on their physical health. To ensure good nutrition and health, care providers must handle foods properly to avoid spoiling and contamination, provide enough foods for children that are appropriate for their ages, and exchange information with parents regularly. The Child and Adult Care Food Program, a project of the U.S. Department of Agriculture that provides food subsidies, helps family child care providers make sure that the foods they serve are appropriate to each child's age and are provided in large enough quantities. Care providers also need to make sure that children's unique nutritional needs (for example, food allergies) are taken into account in the meals and snacks served.

Meals and snacks should be planned ahead of time. Menus should be posted where parents can see them. Information about children's daily nutrition, such as how much they eat, when meals and snacks are served, and food preferences, should be given to parents each day. This is particularly important for infants and toddlers, who cannot report accurately about the types and quantities of food they ate during the day. For this reason, information about what the child ate should be given in writing to parents each day. Parents must tell the care provider about any food allergies, and they should be encouraged to share other nutritional information (for example, what the child ate at home and foods the child enjoys) as well.

It is very important for parents and care providers to talk about feeding infants and young toddlers, because eating patterns and needs differ so much from one child to another, and because allergies can appear when new foods are given. It is up to the care provider to get the information needed to meet each child's needs. The parent's schedule for feeding each infant or toddler should be followed, as well as all instructions about introducing solid foods to infants. No solid foods should be given without the parent's permission.

Each infant and young toddler might be on a different schedule, so they will probably need to be fed earlier or later than the scheduled meal times for older children. Infants and toddlers must be fed in a caring, supportive, and personalized way. Infants who are bottle-fed must be held. Babies must not be put in bed with a bottle. The care provider should help mothers who want to continue breast-feeding, by allowing a mother to feed her baby before and after work and by following health guidelines for handling breast milk safely. Toddlers should be eased into a group feeding schedule a little at a time, and their food and eating likes and dislikes should be considered. For example, it is normal for toddlers to eat a little less than infants because toddlers' rate of growth has slowed from the rapid growth of infancy. If a toddler loses interest in food and eats very little at a meal, the care provider can offer small, healthful snacks throughout the day.

Meal and snack times should be pleasant social experiences so that children learn healthful eating habits. Food should never be used as a punishment or reward, and children should be encouraged but never forced to eat.
encouraged but never forced to eat. Children can learn self-confidence about making food choices if meals are served family style, with food in common bowls and plates on the table so that children can serve themselves. Children can learn social and language skills when adults and older children are eating together and enjoying friendly conversation. Adults should use good table manners, with the expectation that children will follow adults’ lead and learn good manners a little at a time. The care provider should expect children to act at the table in a way appropriate for their age, and no pressure should be placed on the children to strictly follow rules about table manners. Healthful and attractive foods should be served, and adults and children should eat the same things. Doing so provides a good model for children to follow.

The care provider can help children broaden their experiences with food by serving new foods along with those the children are used to. Meals and snacks can be used to gradually introduce self-help skills. Children can learn more about foods through cooking, listening to stories, and talking. At meals and snack times, children should be allowed to serve themselves when they are interested in trying to do so. Children will find it easier to serve themselves at the table if small pitchers are used for pouring drinks and food is offered in easy-to-serve portions. Older infants and toddlers should be encouraged to use their hands to feed themselves. Children age three and older can help set and clear the table.

The family child care home is a natural place for children to learn healthful eating habits. Children are close to everyday food-related tasks in the home and can be involved in food preparation and serving. Toddlers and preschoolers enjoy helping with simple food preparation and should be encouraged to do so each day. Even young infants will learn from watching the activity in the kitchen, especially if the adult talks to the child about what’s going on. Children also enjoy helping the care provider plan meals, make shopping lists, and assist with grocery shopping.

Mental Health Services

In a family child care home, a child who has emotional or psychological problems will often disrupt others or withdraw from daily activities. The care provider should be alert for these potential problems. If these problems occur, the care provider should talk to the family members and encourage them to seek professional help for the child. Almost all communities have mental health providers (for example, psychologists, psychiatrists, counselors, and social workers) that parents can consult.

Social Services

Social services include a range of programs funded by the government and private sources to help families in need. Included, for example, are welfare programs, programs to prevent child abuse and to help abused children, and crisis intervention services (such as suicide hotlines).

Social services have grown in importance as a way to encourage families to stay together and to increase chances for stable employment and economic self-sufficiency. Child care providers, especially those in low-income urban areas, report that more children in care are showing signs of serious family problems. The growing numbers of abused children, pregnant teenagers, and homeless families all have a clear negative effect on children’s well-being. Widespread drug and alcohol abuse means that more and more children are being born addicted to drugs or beginning life with an addicted parent who can’t care for them properly.
Family child care providers should try to be aware of the social service needs of the families whose children they care for. Care providers should know the signs of possible child abuse and neglect, which are becoming more widespread, and know how to report them to a social service department or child abuse hotline. Child care providers are required by law to report suspected abuse in most states. In addition, a provider must carefully supervise children in care while they are around other people, including his or her family, friends, other children, and neighbors, to prevent any possibility of abuse. When outdoors, the provider should actively watch children, keeping them in view at all times. During drop-off and pick-up times, parents are also present, so it might be unclear who is responsible for watching the children, but the care provider should take the responsibility for watching children during these times.

Care providers should monitor children’s attendance and talk to parents about repeated or frequent absences. By developing a trusting relationship with parents, providers should be able to help them get the social services they need. The provider should be familiar with sources of help in the community, such as counseling, emergency assistance, and crisis intervention and should support parents referred to them. Some families that have been on welfare may be reluctant to get involved with the social service system again, and even families that have not had any experience with the system may be reluctant to become part of it. A care provider can help a family obtain needed social services by listening to the parent’s concerns, providing information, and offering reassurance.

Parent Involvement

Parent involvement is an important part of a quality family child care home. Parents should have unlimited access to the home. The care provider should let parents know that “the door is always open” and encourage them to visit at any time, without having to let the provider know that they are coming. Parents should also be encouraged to take part in the routines and programs in the family child care home whenever and however they can. For example, breast-feeding mothers should be able to visit during the day to breast-feed their babies if their work schedule lets them. Parents should be invited to come along on field trips, visit during lunch, or become involved in any other way that they can. The atmosphere in the home should give parents the message that they are welcome to take part in the child care program. While participating in activities with their children, parents should be careful not to intrude on private areas of the family child care home and should respect the rights and privacy of the care provider and his or her family.

To help parents get involved, the care provider should give them a written description of the program’s philosophy and operating policies, which they should discuss before the child is enrolled. Parents need to know what they can expect on a daily basis and what their responsibilities are. Written policies should cover fees, hours and days care is provided, who provides formula and diapers for infants, how illness is handled, how discipline is handled, the daily routine and schedule of activities, and who will provide care when the regular care provider cannot. Policies should also cover emergency medical care and giving medicines. The care provider should make sure the policies are clear on any aspects of the program that might cause misunderstandings or disagreements with parents. Parents and children should receive a formal introduction to the program. This might include a visit to the family child care home before the child enrolls or a gradual increase in the number of hours a child spends in care during his or her first week.

Table 2.3 summarizes the quality-care goals for supportive services.
<table>
<thead>
<tr>
<th>Area</th>
<th>Goals</th>
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</table>
| Health Services      | • Areas used for child care have good lighting, comfortable temperature, adequate ventilation, are in good repair, and are free of hidden health hazards.  
                       | • The home is kept clean, and areas used for child care are sanitized, especially the kitchen, bathroom, and diapering areas.  
                       | • The care provider knows how disease is spread and takes action to prevent it.  
                       | • Materials and equipment children use are cleaned frequently. Toys children put in their mouths are washed daily.  
                       | • The care provider reduces any health risks created by pets and other animals in the household.  
                       | • Adaptive equipment for toilets and sinks helps children carry out personal hygiene tasks for themselves.  
                       | • Personal hygiene is encouraged through modeling, teaching, and supervising.  
                       | • Smoking is not allowed in child care areas when children are present.  
                       | • Health education is a part of the program.  
                       | • Each child has a complete physical before entering the program.  
                       | • Confidential health records, including a health history and record of immunizations, are maintained for each child.  
                       | • Medical emergency records are maintained for each child.  
                       | • A written policy is followed for giving medication.  
                       | • Individual medical problems and accidents are recorded and reported to parents.  
                       | • The care provider is in good health and practices good health habits.  
                       | • The care provider and each member of his or her family have had a physical examination within the past year, including a test for tuberculosis, and are free of diseases such as hepatitis that might endanger the children.  
                       | • Substitute care providers have had a physical examination and a tuberculosis test in the past year and have been trained in the family child care home’s health and medical emergency procedures, including first aid and CPR. |
| Nutrition Services   | • Foods are handled properly in a sanitary manner to avoid spoiling and contamination.  
                       | • Meals and snacks meet the recommendations of the Child and Adult Care Food Program for the proportion of time children are in care.  
                       | • Foods are appropriate to each child’s age and special needs and are provided in large enough quantities. |
Table 2.3  

<table>
<thead>
<tr>
<th>Area</th>
<th>Goals</th>
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<tbody>
<tr>
<td><strong>Supportive Services Goals</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition Services (continued)</strong></td>
<td>• Food is never used as a punishment or reward, and children are encouraged, but not forced, to eat.</td>
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<tr>
<td></td>
<td>• A variety of foods is served to broaden children's experiences with food and take into account their likes and dislikes.</td>
</tr>
<tr>
<td></td>
<td>• Infants and toddlers are fed in a comforting and personalized way.</td>
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<tr>
<td></td>
<td>• Meal and snack times are pleasant social and learning experiences.</td>
</tr>
<tr>
<td></td>
<td>• When appropriate, children are involved in preparing and serving meals and snacks.</td>
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<tr>
<td></td>
<td>• Parents and the care provider talk regularly to make sure each child gets proper nutrition.</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td>• The care provider recognizes potential mental health needs.</td>
</tr>
<tr>
<td></td>
<td>• Help available in the community is used to assess the mental health needs of children and their families.</td>
</tr>
<tr>
<td></td>
<td>• Referrals for treatment of mental health needs are made to help available in the community.</td>
</tr>
<tr>
<td><strong>Social Services</strong></td>
<td>• The care provider knows how to recognize and report possible child abuse and neglect.</td>
</tr>
<tr>
<td></td>
<td>• Children's attendance is monitored; if repeated or frequent absences occur, the care provider talks to the parent about them.</td>
</tr>
<tr>
<td></td>
<td>• The care provider recognizes potential social services needs.</td>
</tr>
<tr>
<td></td>
<td>• Help available in the community is used to provide counseling, emergency assistance, and crisis intervention.</td>
</tr>
<tr>
<td></td>
<td>• Referrals for parents' social services needs are made to help available in the community.</td>
</tr>
<tr>
<td><strong>Parent Involvement</strong></td>
<td>• There is an “open door” policy that encourages parents to visit at any time.</td>
</tr>
<tr>
<td></td>
<td>• Parents receive a written description of the program's philosophy and operating procedures.</td>
</tr>
<tr>
<td></td>
<td>• Children and parents receive a formal introduction to the program.</td>
</tr>
<tr>
<td></td>
<td>• This introduction may include visits before enrolling or introducing the child a little at a time to care in the home.</td>
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</table>
Quality Goals in Safety

Safety is basic in any quality child care program. In a family child care home, safety includes precautions for the areas children play in inside and outside the home, clear safety plans and policies, and constant supervision of children. The goals here focus on things to do to minimize the likelihood of accidents, and how to handle them if they occur.

Precautions

Safety precautions in the child care home must ensure the safety of children in care. Falls, choking, poisoning, burns, and cuts are the most common causes of injury in family child care homes. The indoor setting must be arranged to reduce the risk of injury. For example, to lessen the chance of falls, care providers must close off open stairways with a door or gate, make sure that any climbing equipment is sturdy and low to the ground, and use a restraining belt or guard rail for babies on the diapering table. Electrical outlets should be covered. Hazardous substances or objects, such as cleaning supplies, insecticides, knives, matches, and paint, must be kept in locked storage areas or in areas out of the reach of young children. Small electrical appliances and cords must also be kept out of children’s reach. Window guards should be installed on windows that are more than five feet above the ground, and heating radiators should have covers. A well-stocked...
first aid kit must be available at all times, and the provider must review what is in it and how to use it.

All materials and equipment, both indoors and outdoors, must be sturdy, in good repair, and nontoxic. Outdoor play spaces should be fenced to keep children away from streets, swimming pools, and other hazards. Outdoor play equipment should be sturdy and securely anchored. A resilient surface, such as wood chips or a rubber mat, should be laid under play equipment. Appropriate restraints (child car seats and/or seat belts) must be provided for each child and adult riding in a vehicle.

Safety precautions in case of fire include keeping a working fire extinguisher and smoke detectors in the home. Each family child care home should pass a safety inspection by the fire department, or the provider should evaluate the home, using a fire safety checklist (a child care resource and referral agency should be able to provide one). The provider should have current certification in first aid and cardiopulmonary resuscitation (CPR).

Plans and Policies

A family child care home's written policies should clearly state what is done to ensure the safety of children and adults. Emergency plans must be in writing, and evacuation routes must be posted in the home. The care provider should have monthly fire drills with the children. Emergency telephone numbers for the police, fire department, poison control center, child abuse prevention agency, and rescue squad should be posted near the telephone. In case of a medical emergency, the care provider should follow a written plan and be prepared to administer first aid and CPR to young children, if needed. Substitute caregivers should know all emergency procedures and have current certification in first aid and CPR. In addition, the care provider should have and follow a written policy stating that children may be released only to the parent or parents or to people they authorize to pick up their children.

Supervision

A safe environment and carefully developed plans and policies are only half of what it takes to ensure safety in a family child care home. Constant supervision is the other half. Infants, toddlers, and preschoolers must be actively supervised at all times. The care provider must always be within easy physical reach of the children in his or her care. The provider should not get involved in anything that takes attention away from the children, such as watching television or chatting with a friend. Infants and toddlers must always be within sight when awake and within hearing when asleep. There are some exceptions, however, because the care provider is usually the only adult in the home with the children. For example, before answering the telephone or using the restroom, the provider should make sure the children are safe and busy in a totally childproof place. He or she should return to them as soon as possible.

Preschoolers should also be within sight or hearing when awake and within hearing when asleep. For example, while the provider gets one child up from a nap, the other preschoolers can play in the next room as long as the provider can hear them and check on what is happening. Children who are outside must always be accompanied by an adult. If the provider needs to go inside for any reason, he or she should take the children along. Whenever children are involved in
an activity that could be dangerous, such as cooking or water play, the care provider must give them his or her full attention.

Children should learn safety rules as soon as they are old enough to understand them. The rules should be simple and repeated often, because children will not always remember the rules or follow them. The care provider must take responsibility for ensuring children’s safety.

Table 2.4 summarizes the quality-care goals for safety.

Measuring Quality

The goals for quality in family child care homes set high standards, so homes that are trying to meet these goals will probably need to make a lot of improvements. Equipment and materials might be needed; spaces might need to be rearranged for safe and accessible play; techniques for supervising children, encouraging their activities, and interacting with them might need improvement; and administrative procedures might need work. Some types of changes can occur quickly, such as getting a wider range of developmentally appropriate materials, furniture, and equipment. Other changes, especially those that involve changing the way the care provider talks to or works with children, might require longer. There are many excellent measures available that providers can use to assess the overall quality of their family child care home. Because there are so many ways to measure and define quality, however, the child care research community clearly lacks one
## Table 2.4

<table>
<thead>
<tr>
<th>Area</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precautions</strong></td>
<td>• The care provider sets up a safe indoor and outdoor environment based on the ages and abilities of the children.</td>
</tr>
<tr>
<td></td>
<td>• Precautions are taken indoors and outdoors to prevent common injuries, including falls, choking, poisoning, burns, and cuts.</td>
</tr>
<tr>
<td></td>
<td>• Hazardous substances and materials are kept out of reach of children, preferably in locked storage.</td>
</tr>
<tr>
<td></td>
<td>• The outdoor play area is fenced, or other barriers protect the play area from access to streets, swimming pools, or other hazards.</td>
</tr>
<tr>
<td></td>
<td>• Climbing equipment, swings, and other large pieces of outdoor equipment (including furniture, if needed) are sturdy, of appropriate size, and securely anchored above wood chips, mats, or other resilient surfaces, as needed.</td>
</tr>
<tr>
<td></td>
<td>• In vehicles, a properly installed individual safety restraint, such as a car seat or a seat belt (for older children), is used for each child.</td>
</tr>
<tr>
<td></td>
<td>• Materials and equipment are in good repair and nontoxic.</td>
</tr>
<tr>
<td></td>
<td>• The care provider has a working fire extinguisher and smoke detectors, which are checked periodically.</td>
</tr>
<tr>
<td></td>
<td>• The care provider has taken steps to reduce the risk of fire and has passed a safety inspection by the fire department or completed a self-evaluation.</td>
</tr>
<tr>
<td></td>
<td>• A well-stocked first aid kit is easily accessible to adults but not to children.</td>
</tr>
<tr>
<td><strong>Plans and Policies</strong></td>
<td>• Written emergency procedures, including escape routes, are posted in a conspicuous place.</td>
</tr>
<tr>
<td></td>
<td>• Emergency telephone numbers, including police, fire, rescue, and poison control services, are posted by the telephone.</td>
</tr>
<tr>
<td></td>
<td>• The care provider has current certification in basic first aid and CPR, including CPR for infants and toddlers.</td>
</tr>
<tr>
<td></td>
<td>• Substitute caregivers are familiar with, and have practice in, all safety and emergency procedures for the home and have current certification in first aid and CPR.</td>
</tr>
<tr>
<td></td>
<td>• Children are released only to parents or persons they authorize to pick up the children.</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td>• Children are supervised at all times both indoors and outdoors and are never left unattended.</td>
</tr>
<tr>
<td></td>
<td>• The care provider teaches children developmentally appropriate safety rules.</td>
</tr>
</tbody>
</table>
measure that everyone agrees on. In addition, many child care quality measures do not include supportive services, which are important for children and families. To measure quality in family child care homes, we recommend using the following three widely used instruments: (1) the Family Day Care Rating Scale (FDCRS);12 (2) the Assessment Profile for Family Day Care,13 which is used in the NAFCC accreditation;14 and (3) the Child Development Associate (CDA) Advisor’s Report Form, which is used for CDA credentialing. The FDCRS, the Assessment Profile, and the CDA Advisor’s Form were chosen because, together, they cover almost all of the areas included in the quality goals. Of all the family child care quality evaluation instruments currently available, only the FDCRS has been used extensively in past research and program evaluation. The format lets the user mark progress toward high quality levels in each area. Some additional items taken from the Assessment Profile, the CDA instrument, and the quality goals themselves could be used to supplement the FDCRS.
In a quality family child care home, a trained and talented person provides a stable, enriched learning environment for children. The care provider in family child care is usually the only adult in charge, so his or her influence is even stronger than that of caregivers in centers, who have co–workers who also care for the children. A family child care provider must do it all—it is not possible to balance the skills, experience, and work load of one caregiver with those of another.
Even the best provider can improve his or her program through training. A recent study showed that, after family child care providers received between 18 and 36 hours of training, the children in their care became more involved in activities and spent less time wandering around. The children also had more trusting relationships with their caregivers. The providers were more committed to their work and looked for more training opportunities.

**Types of Training**

You can take advantage of several types of training: workshops, conferences, training for the Child Development Associate (CDA) credential, college courses, in-home training, one-on-one training, and core training. We explain each type of training next.

*Workshops* for family child care providers can be one-day sessions or a series of sessions. Workshops, which are widely available, usually last several hours and cover a single topic—for example, disciplining children or communicating with parents. Workshops can be held at night or on the weekends. Providers can also attend conferences sponsored by local or state child care provider associations (or other organizations). Conferences usually include several workshops on a variety of topics.

Another training option helps providers obtain a CDA credential. Care providers with this credential are considered high quality. In the CDA program, providers demonstrate a set of competencies to an independent observer. Providers can obtain training to help them learn these competencies.

Many community college and four-year college courses help family child care providers improve their knowledge and skills. General courses, such as child development, child psychology, and basic education courses, are available. Some colleges offer courses designed specifically for family child care providers. These courses may be part of a two-year or four-year college degree program or may be offered without college credit for the general child care community.

Providers can also benefit from in-home training offered by experienced mentor-teachers. This training can be targeted to the needs of an individual provider. The mentor-teacher visits the home regularly, demonstrating good practices and providing suggestions to help the provider improve quality of care.

Some providers will have access to core training. Providers usually complete this training before they begin to offer care. It can also be conducted after a provider meets standards for state licensing or registration. Some states require providers to complete a minimum number of hours of core training periodically to maintain state licensing or registration. Core training is composed of a series of training sessions. The training takes place over a period of time and lasts between 15 and 30 hours.

Most training will include a variety of these activities. Each provider should assess his or her weaknesses and need for information to describe what types of training and how much of it will be most helpful, depending on what is available in the community.
Training Topics

There is no limit to the training topics that can be offered. *There's No Place Like Home*, a family child care training program developed together with this guide as part of the ECCO effort, includes the following topics:

- What a Family Child Care Home Looks Like
- Taking Care of You—Building Self-Esteem, Reducing Stress
- Health and Safety
- Developing Sound Business Practices
- Working with Parents
- Observing Children
- Helping Children Grow and Learn
- A Day in Family Child Care—Developing a Schedule, Developing Activities
- Guiding Children’s Behavior—Positive Discipline Techniques
- Working with Children with Special Needs
- How to Market Your Program to Parents
- Your Professional Development

An effective training program should include a variety of hands-on activities, role playing to practice new techniques, and small group discussions. The concepts presented should be clear and practical enough so that a care provider can use them immediately in his or her program. Trainers should involve providers by using their strengths and experiences to offer examples of everyday situations, successful techniques, and new approaches to child care.

Finding Training

Most areas of the country offer many training opportunities for family child care providers. The key is to find out what training is offered, when it is held, and what fees, if any, are charged.

You might want to first check to see if you have a local child care resource and referral agency (CCR&R) in your community. CCR&Rs are local agencies that perform some or all of the following: providing information to parents looking for child care, training center- and home-based providers, administering the Child and Adult Care Food Program, and sponsoring a family child care provider association. Many CCR&Rs provide periodic training programs. They often publish newsletters that provide helpful hints to providers and announce upcoming training programs.

If you are or decide to become licensed or registered by your state, you could ask the person who inspects your home for licensing or registration about training opportunities. Many states require you to complete training to renew your license or registration. The training requirement
might include a set number of training hours, certification in CPR or first aid, or workshops on specific topics. If your state requires training, the home inspector should be able to refer you to appropriate training. Even if your state does not require training, the inspector should be able to help you find out about other training opportunities.

Joining a professional association or family child care association is another good way to locate training programs. Family child care providers have found it useful to meet with other providers on a regular basis to share information, to discuss areas of mutual interest, and to socialize. Often, these associations sponsor training programs or conferences.

Community and four-year colleges are another good resource. Call your local college and ask for a catalog of courses. You might also want to ask about continuing education courses, which are generally available in the evenings and on weekends. Look through the catalog and see if anything interests you. Some local boards of education also sponsor adult education classes that are appropriate for family child care providers.

One of the best ways to find out about training is to talk with other providers. Find out what training they have attended in the past—how interesting it was, how useful the information was, and whom to contact about future training sessions. Other providers may also be able to direct you to the local CCR&R or a professional association of child care providers (for example, a local branch of the National Association for Family Child Care—NAFCC).

The Goal of Training

The ultimate goal of training is to make you a better caregiver who provides high quality services to the children and families in your care. Through training, you will get information, knowledge, and skills to help you do your job better.

After you improve your program, you may want to become recognized for the high quality services you provide. There are two ways you can do this. First, you can obtain a CDA credential. An independent observer will come to your home and evaluate your program. Second, you might want to obtain accreditation from NAFCC. This process will certify your home as one that provides high quality child care. Check with your local CCR&R or professional association about the process for obtaining these types of recognition.

Obtaining professional recognition for the high quality services you provide, either through the CDA or NAFCC accreditation, will show your commitment to your work and give you well deserved credit for your achievement. It will also indicate to parents that your home is a good place to leave their children.
End Notes


For Further Reading

**Quality of Child Care in the United States**


**Supply and Use of Child Care in the United States**


Guidelines for Quality


Measures of the Quality of Child Care


Measures of Children's Development


Family Child Care Training


Places for Growing

HOW TO IMPROVE YOUR FAMILY CHILD CARE HOME

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393