



Is This The Right Place For My Child?

38 Research-Based Indicators of Quality Child Care



America's most trusted child care resource.

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Acknowledgements

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About Child Care Aware®

Child Care Aware® is a program of the National Association of Child Care Resource & Referral Agencies (NACCRRA). We are committed to helping parents find the best information on locating quality child care and child care resources in their community. Child Care Aware®, in partnership with local Child Care Resource and Referral Agencies, builds consumer awareness and supports families in making choices for the care and education of their children. Child Care Aware® is partly funded by the Office of Child Care (OCC), Administration for Children and Families (ACF), U.S. Department of Health and Human Services.

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Is This The Right Place For My Child?

38 Research-Based Indicators of Quality Child Care (Check List for Parents.)



Choosing Child Care

Choosing care for your child while you work or attend school is one of the most important decisions you will make as a parent. Unfortunately in most areas there isn't a "consumer report" on the best care available. The National Association of Child Care Resource & Referral Agencies (NACCRRA) through Child Care Aware®, helps parents find licensed care (www.childcareaware.org). Because licensing and regulations vary widely, parents need more information to make informed decisions. This guide helps parents understand how to better judge quality.

In addition, some states have quality rating systems to help parents with this decision. Parents can learn if their state has a quality rating system on the National Child Care Information Center website: www.nccic.org/pubs/qrs-defsystems.html.

The National Association for the Education of Young Children (NAEYC) provides a list of their accredited child care centers on their website, www.naeyc.org, as does the National Accreditation Commission (NAC) For Early Care and Education Programs, www.naccp.org and the National Early Childhood Program Accreditation (NECPA) www.necpa.net. The National Association of Family Child Care (NAFCC) lists accredited family child care providers at www.nafcc.org. However, only a small percentage of child care programs in the United States are accredited by any organization or are part of a quality rating system.

After using these and other resources, parents should visit the programs they are considering. Included in this publication is a checklist parents can use to evaluate child care programs. This checklist is based on research on what is important to children's health, safety and development. Following the checklist are suggested ways to find the information you are seeking. Quality programs will want you to have all the information you need to choose the best child care for your child and family. NACCRRA produced this guide to help parents with their search for quality child care.

The Quality Indicators listed in this guide are based on research about what is important in order for children to be protected and well-cared for in a group child care setting. Each indicator is followed by a short explanation of why it is important. This is followed by what to look for and ask to learn if the program you are considering will be a safe, healthy and happy place for your child. The term “director” is used to refer to the person in charge of a child care center or the provider operating a family child care home. The term “program staff” is used to refer to individuals providing care in centers or family child care homes. It isn’t necessary to ask all of the questions or make all of the observations suggested; they are only provided as a resource to help you evaluate the programs you are considering for your child.

NACCRRA, the National Association of Child Care Resource & Referral Agencies, is our nation’s leading voice for child care. We work with more than 600 state and local Child Care Resource and Referral agencies (CCR&Rs) to ensure that families in every community have access to quality, affordable child care. To achieve our mission, we lead projects that increase the quality and availability of child care, offer comprehensive training to child care professionals, undertake groundbreaking research, and advocate child care policies that positively impact the lives of children and families.

(Make a copy of this checklist to use with each program you visit.)

Place a check in the box if the program meets your expectations.

Will my child be supervised?

Are children watched at all times, including when they are sleeping?¹⁵

Are adults warm and welcoming? Do they pay individual attention to each child?⁴⁰

Are positive guidance techniques used?

Do adults avoid yelling, spanking, and other negative punishments?¹⁶

Are the caregiver/teacher-to-child ratios appropriate and do they follow the recommended guidelines:

- One caregiver per 3 or 4 infants
- One caregiver per 3 or 4 young toddlers
- One caregiver per 4 to 6 older toddlers
- One caregiver per 6 to 9 preschoolers¹⁹

Have the adults been trained to care for children?

If a center,

- Does the director have a degree and some experience in caring or children? ^{27/28/29}
- Do the teachers have a credential^{***} or Associate's degree and experience in caring for children? ^{27/28/29}

If a family child care home:

- Has the provider had specific training on children's development and experience caring for children?³⁰

Is there always someone present who has current CPR and first aid training?³²

Are the adults continuing to receive training on caring for children?³³

Have the adults been trained on child abuse prevention and how to report suspected cases?^{12/13}

Will my child be able to grow and learn?

For older children, are there specific areas for different kinds of play (books, blocks, puzzles, art, etc.)?²¹

For infants and toddlers, are there toys that “do something” when the child plays with them?⁴¹

Is the play space organized and are materials easy-to-use? Are some materials available at all times?²¹

Are there daily or weekly activity plans available? Have the adults planned experiences for the children to enjoy? Will the activities help children learn?²²

Do the adults talk with the children during the day? Do they engage them in conversations? Ask questions, when appropriate?⁴³

Do the adults read to children at least twice a day or encourage them to read, if they can read?⁴³

Is this a safe and healthy place for my child?

Do adults and children wash their hands (before eating or handling food, or after using the bathroom, changing diapers, touching body fluids, eating, etc.)?⁴

Are diaper changing surfaces cleaned and disinfected after each use?⁵

Do all of the children enrolled have the required immunizations?⁶

Are medicines labeled and out of children's reach?⁷

Are adults trained to give medicines and keep records of medications?⁷

Notes:

Place a check in the box if the program meets your expectations.

- Are cleaning supplies and other poisonous materials locked up, out of children's reach?⁸
- Is there a plan to follow if a child is injured, sick or lost?⁹
- Are first aid kits readily available?¹⁰
- Is there a plan for responding to disasters (fire, flood, etc.)?¹¹
- Has a satisfactory criminal history background check been conducted on each adult present?
- Was the check based on fingerprints?¹⁴
- Have all the adults who are left alone with children had background and criminal screenings?¹³
- Is the outdoor play area a safe place for children to play?³⁹
- Is it checked each morning for hazards before children use it?²³
- Is the equipment the right size and type for the age of the children who use it?²⁴
- In center-based programs, is the playground area surrounded by a fence at least 4 feet tall?²⁵
- Is the equipment placed on mulch, sand, or rubber matting?²³
- Is the equipment in good condition?³⁹
- Is the number of children in each group limited?
- In family child care homes and centers, children are in groups of no more than**
- 6-8 infants
 - 6-12 younger toddlers
 - 8-12 older toddlers
 - 12-20 preschoolers
 - 20-24 school-agers²⁰

Is the program well-managed?

- Does the program have the highest level of licensing offered by the state?⁴²
- Are there written personnel policies and job descriptions?¹⁷
- Are parents and staff asked to evaluate the program?³⁷
- Are staff evaluated each year; do providers do a self-assessment?¹⁸
- Is there a written annual training plan for staff professional development?³³
- Is the program evaluated each year by someone outside the program?³⁸
- Is the program accredited by a national organization?³⁶

Does the program work with parents?

- Will I be welcome any time my child is in care?¹
- Is parents' feedback sought and used in making program improvements?¹
- Will I be given a copy of the program's policies?²
- Are annual conferences held with parents?³

Notes:

These questions are based on research about child care; you can read the research findings on the NACCRRRA website under "Questions for Parents to Ask" at <http://www.naccrra.org>.

* These are the adult-to-child ratios and group sizes recommended by the National Association for the Education of Young Children. Ratios are lowered when there are one or more children who may need additional help to fully participate in a program due to a disability, or other factors.

** Group sizes are considered the maximum number of children to be in a group, regardless of the number of adult staff.

*** Individuals working in child care can earn a Child Development Associate credential.

For help finding child care in your area, contact Child Care Aware®, a Program of NACCRRRA toll-free at 1-800-424-2246 or visit online at www.childcareaware.org.

For information about other AAP publications visit: www.aap.org

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Is This the Right Place For My Child?



*Will my Child be supervised? Are children watched at all times, including when they are sleeping?*¹⁵

If your child is supervised at all times he or she is less likely to be injured, as well as more likely to be engaged in activities that promote learning. It is especially important that caregivers check on infants while they are sleeping because of the risk of Sudden Infant Death Syndrome (SIDS). Also, if adults closely supervise children outdoors, children are less likely to be injured.

- Observe the program staff when the children are outdoors. Do the adults stay close to the children and intervene when children engage in risky activities?
- If possible, visit the program when children are resting or sleeping as well as when they are awake. During rest time are the children where the adults can see them? Do the adults check on the children frequently?

Are adults warm and welcoming? Do they pay individual attention to each child?

Children grow and learn when they feel cared about and comfortable. When adults pay attention to children they can respond to their individual needs, extend their learning, engage them in activities, and offer materials and information.

- Observe the adults.
- Do they smile and talk to you? Do they smile and talk to your child? How do they act with the other children?
- Do they interact with individual children as well as the group of children?
- Do they respond when children make requests?
- Do they offer materials and information to extend children's play?
- Do they encourage and support children's efforts?
- Do they comfort children who need comforted?

Are positive guidance techniques used? Do adults avoid yelling, spanking, and other negative punishments?¹⁶

Children learn how to behave through adult example and encouragement. Positive guidance techniques include:

- Setting limits for the child. “Keep the paint on the paper.”
- Giving reasons for rules and limits. “If you eat lunch now you won’t be hungry later.”
- Changing something about the situation. For example, moving a breakable item out of a toddler’s reach.
- Ignoring behavior when it is appropriate to do so. For example, not responding when a child whines for something he or she wants.
- Redirecting the child’s behavior. “Ride your bike on the path, not on the grass.”
- Using consequences. “If you leave the paint out you won’t be able to use it tomorrow.”

Yelling, spanking, and other negative punishments provide a bad example for children and may harm the child in other ways.

- Ask the program director to see the program’s guidance policies. Look for prohibitions against negative punishments and examples of positive techniques such as those listed above.
- Observe the program staff to see what techniques they use when children misbehave. Watch for use of negative punishments (yelling, hitting, twisting arms, ridiculing, criticizing, threatening, etc.). Expect to see the positive techniques listed above.
- Ask the program staff, “What do you do when children don’t follow the rules?” and “What do you do when children misbehave?” and “How are children punished when they don’t behave?”
- Ask the program staff, “How is time out used?” Expect to hear that time out is used to help children relax, not as a punishment.

Are the caregiver/teacher-to-child ratios appropriate and do they follow these recommended guidelines:

- One caregiver per three or four infants?
- One caregiver per three or four young toddlers?
- One caregiver per four to six older toddlers?
- One caregiver per six to nine preschoolers?¹⁹

When each adult is responsible for fewer children, your child can be provided with more one-on-one attention. Attention is crucial to your child’s social and emotional development. It also helps adults get to know your child and plan activities based on his or her learning needs and interests. (In some states, programs are allowed to have each adult care for more children while the children are asleep or resting.)

Ask the program director, “How many children is each adult responsible for?” Compare his or her answer to the information above.

- Observe to see how many children each adult is providing care for during the day.

Is the number of children in each group limited? In family child care homes and centers, children are in groups of no more than:^{**}

- Six to eight infants
- Six to 12 younger toddlers
- Eight to 12 older toddlers
- Twelve to 20 preschoolers
- Twenty to 24 school-age children²⁰

Small group sizes ensure your child will receive one-on-one attention and is part of a group that is easier to manage. Small group sizes are particularly important for young children who need more individual attention and can become overwhelmed in large groups.

- Ask the program director how many children are in each group. Compare the answers to the information above.
- Observe to see the size of the groups in which children receive care. Compare the group sizes to the information above.
- If the group in which your child will receive care includes one or more children with special needs, look to see if the program has adjusted the number of children in the group so that all of the children’s needs are met.

Have the adults been trained to care for children?

If a center

- Does the director . . . or have a degree and some experience in caring for children?²⁶



- Do the teachers each have a credential^{***} or associate degree and experience in caring for children?^{27/28/29}

If a family child care home

- Has the provider had specific training on children's development and experience caring for children?³⁰

Staff education is the best predictor of the quality of an early childhood program. Adults with training in early childhood education provide higher quality programs for your child, implement more appropriate activities, and do a better job of preparing your child for school.

Managing a child care program is a challenging task that requires both early childhood and business management knowledge. Experience putting this knowledge to work enhances the child care program's quality.

Experience helps adults gain knowledge of early childhood programs and effective strategies for caring for and educating your child. Experience, combined with training and education, increases the quality of early childhood programs.

- Ask the center director, "Do you have a college degree?" and "What field is your degree in?" Listen for early childhood education, child development or a related field.
- Ask the center director, "How much experience do you have managing a child care program?"

- Ask the center director, "How many staff members do you have? How many of them have a degree in early childhood education or a related field? How many of them have an associate degree in early childhood education or a related field? How many of them have their CDA (Child Development Associate credential)?"
- Ask the family child care provider, "How much training have you had in early childhood education? Did the training include information on the development of children's social and emotional behavior, thinking, and language?" and "How many years of experience do you have providing child care?"

*Is there always someone present who has current CPR and first-aid training?*³²

If adults are trained in emergency first aid and infant/toddler CPR they will know how to handle medical emergencies and react appropriately in case your child has a medical emergency.

- Ask the program director, "Who in the program has current certification in CPR and first aid?" and "Is there always someone on duty in the program with current certification in CPR and first aid?"
- Check the program's job descriptions to find out if certification in CPR and first aid are required.



- Ask to see copies of the program staff's or provider's first aid and CPR cards.

*Are the adults continuing to receive training on caring for children?*³³

If the adults caring for your child continue to receive training, they will know new information about how to protect your child's health and safety, for example, how to reduce the incidence of Sudden Infant Death Syndrome (SIDS). They will also know how to promote children's development, for example, the newest research on how children learn to read and write.

- Ask the program staff, "When was the last time you attended training on early childhood education?"
- Ask the program director, "Are staff required to attend training each year?" and "Are staff funded to attend training each year?"
- Review the program's annual training plan to find out how much training staff members or providers receive each year.

*Have the adults been trained on child abuse prevention and how to report suspected child abuse?*¹³

Caregivers who are trained in identifying and reporting child abuse will know how to respond if they suspect a child has been mistreated.

- Ask the program staff, "Have you been trained on how to identify and report child abuse?" and "If you suspect a child has been abused, who would you report it to?"
- Ask the program director, "Are the staff and volunteers trained on how to identify and report child abuse?" and "What is included in this training?"

*Will my child be able to grow and learn? For children age 3 and older, are there specific areas for different kinds of play (books, blocks, puzzles, art materials, etc.)?*²¹

Your child will learn different concepts and skills in different interest areas (blocks, books, puzzles, art materials, music, science and math). Interest areas that are organized and orderly will help your child make choices about what to play with and where to put materials away. The areas may have different names such as library (instead of books), manipulatives (instead of puzzles), construction (instead of blocks), etc. In a family child care home the areas may be set up each day or left permanently in place.

- Look to see there are areas with different kinds of toys and materials. Expect to see an area with books, art materials, blocks and other construction toys such as trucks, and puzzles and other small manipulatives such as Legos. You may also see a science and math area and a music area.
- Check to see if the areas include a variety of toys and other materials.

- Ask the program staff, “How often do you add new materials to the areas or rotate the materials in the areas?” Expect new or different materials will be added at least monthly.
- In a family child care home, look to see that infants and toddlers are protected from small items that could cause choking.

*For infants and toddlers, are there toys that “do something” when the child plays with them?*⁴¹

Infants are interested in looking at toys, touching them with their hands and mouth, fitting pieces of things together, and making sense of their world.

Infants need bright-colored toys of many textures. They need toys to look at, feel, chew on, hold, and drop. As they begin to walk or crawl they enjoy push-pull toys and balls.

In the second year of life, toddlers have the physical skills that make it easier for them to play and learn. Busy toddlers need toys for physical play – walking, climbing, pushing and riding – and ones that encourage experimentation and manipulation.

For infants, look to see if the program has:

- Balls
- Grasping toys
- Stacking and nesting toys
- Toys to look at, feel, and chew on

For toddlers, look to see if the program has:

- Equipment for climbing
- Riding toys
- Balls
- Large interlocking blocks and puzzles
- Water and sand for sensory play

*Is the play space organized and are materials easy to use? Are materials available at all times?*²¹

If the play areas are organized and orderly your child will be able to make choices about what materials to play with and will be able to put toys away after playing with them.

Look for:

- Materials organized by type (blocks, puzzles, dolls, art materials, dress-up clothes, etc.).
- Spaces and containers labeled with a picture or drawing of the materials.
- Overall organization. If you were a child wanting to play dress-up or wanting to do a puzzle, would you know where to look?
- Accessibility. Are some materials available at all times and easy for children to reach?

*Are there daily or weekly activity plans available? Are there planned experiences for the children to enjoy? Will the activities help children learn?*²²

Children benefit when adults plan activities for them. If the daily activities reflect your child’s interests and needs it increases the likelihood your child will benefit

from the experiences. He or she will also benefit more if the activities are ones they enjoy and are planned to help them learn and develop. If the program plans a variety of activities it increases the potential that all of the children’s needs will be met.

- Ask to see the program’s daily or weekly plans. Check to see if the plans include a variety of activities – art, music, outdoor play, reading, dramatic play, science, and math.
- Ask the program director, “Do you have a planned curriculum? If so, what is it?”
- Look to see if the children seem to be enjoying the activities that are being offered and are actively engaged in them.
- Ask the program staff, “How do you decide which activities to offer?” Expect to hear the activities are based on the children’s interests and needs.

Do the adults talk with children during the day? Do they engage them in conversation? Do they ask questions, when appropriate?

Adults can help promote children’s language development by talking with them during the day. Research has shown that early exposure to language leads to greater language skills as children grow older. The more caregivers and parents talk to children

while they are caring for and playing with them, the more effectively children will learn to communicate.

Observe the adults with the children:

- Do they talk with babies and toddlers while they are handling daily routines?
- Do they turn babies' sounds into words?
- Do they provide words to help children label things?
- Do they encourage toddlers to use words?
- Do they add words to expand children's vocabulary?
- Do they engage preschoolers and older children in conversations?
- Do they avoid asking older children questions to which the adult already knows the answer?

Do the adults read to children at least twice a day or encourage them to read, if they can read?

Reading aloud provides children with sounds to imitate and helps them develop phonemic awareness (the ability to hear sounds) – an important prereading skill. Reading also helps build children's vocabulary and increases their understanding of feelings, objects, and events. When adults read to them, children get the message that reading is important. A child's reading skills are important for success in school and life.

- Ask the program staff, "How often do you read to the children?" Expect to hear "at least twice day" or more. Sometimes programs read books but don't include it on the schedule.
- Look around for children's books. If few or no books are available, it may be a sign that reading is not valued by the program.

Is this a safe and healthy place for my child? Do adults and children wash their hands (before eating or handling food and after using the bathroom, changing diapers, touching bodily fluids, or eating)?⁴

Germes can be passed easily from child to child. Washing hands often and well reduces the chance that germes will be passed along and that your child will get sick.

- Observe the adults. Do they wash the children's hands and their hands after using the bathroom, changing diapers, before serving foods, after handling animals, etc.?
- Are handwashing signs posted in center bathrooms?
- Are the supplies (water, soap, paper towels) needed for handwashing near sinks and diaper-changing areas?
- Ask the program staff "When do you wash your hands during the day?" and "When do you wash the children's hands?"

Are the diaper-changing surfaces cleaned and sanitized after each use?⁵

Germes can be passed easily among children, particularly at the diaper-changing table. Cleaning and disinfecting the diaper-changing surface after each change reduces the chance that germes will be transmitted and your child will get sick.

- Observe the adults. Do they clean and sanitize the diaper-changing surface with a bleach water solution and a disposable towel after changing each child?
- Is the surface used for changing diapers easy to sanitize? Couches, beds, etc., cannot be easily sanitized.
- Are the supplies (bleach water solution/paper towels) needed to clean and sanitize the diaper-changing table located near the area, but not where children can reach them?
- Ask the program staff, "What procedures do you follow during diaper changing to keep children healthy?" Listen for evidence that they sanitize the diaper-changing surface.

Do all the children enrolled have the required immunizations?⁶

Children who are up-to-date on their immunizations are less likely to get or pass along diseases. When all the children in a program are healthy this reduces the risk of your child getting sick.

- Ask the program staff, "Which immunizations do you require children to have?"
- Check to be sure that the program requires children to have the immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). If you want to know what those immunizations are, look on this website: http://www.cdc.gov/nip/recs/child_sched_pocket_fold.pdf.



- Ask the program staff, “How does the program keep track of whether or not children have the required immunizations?”

Are medicines labeled and out of children's reach? ⁷

This will help your child receive the right medication at the right time in the right amount and prevent your child from receiving someone else's medication by accident. Children can be harmed by ingesting other children's medications or too much of any medication.

Are adults trained to give medicines and keep records of medications? ⁷

Caregivers should be trained in how to read labels on medicines and how to give medicine to children. This will help ensure your child receives medicines when needed and does not receive medicines that are not needed. Children can be harmed by ingesting other children's medications or too much of any medication.

- Ask the program director, “Does the staff receive training on giving medicines?”
- Ask the program staff, “Do you give prescription medicines?” and “Do you require a doctor's directions to give prescription medicines?” and “Do you give non-prescription medicines?” and “Do you require a parent's approval to give non-prescription medicines?”
- Observe to see if staff members make a written record when they give a child a medicine.

Are cleaning supplies and other poisonous materials locked up, out of children's reach? ⁸

Accidental poisoning is a leading cause of injury and death among young children. Many cleaning supplies are poisonous when ingested in any amount. Storing all hazardous substances out of reach will ensure your child is not harmed.

- Observe where cleaning supplies and other poisonous materials are stored. Are they stored where children cannot reach them?
- Check to see if the janitor's closets are locked. Most of them contain supplies that would be dangerous to children.
- Look to see that cleaning supplies and food are not stored together. Storing food and cleaning supplies together can result in accidental poisoning.
- Ask the program staff, especially the janitor and cooks, “How do you keep children away from poisonous materials?”

Is there a plan to follow if a child is injured, sick or lost? ⁹

Child care programs with emergency plans respond better when an emergency arises. The program should have information on each child in care so the parents or another trusted individual can be contacted if a child becomes injured, sick or lost. The staff should be trained on how to contact emergency medical services and the police.

- Ask the program staff, “What would you do if my child was injured or became ill?” Expect to hear they would contact you and know how to contact emergency medical services.
- Ask the program staff, “What would you do if my child was missing?” Expect to hear they would contact the police immediately before starting to search and contacting you.
- Be sure the program has a phone. Check near the phones to see if the numbers for fire, police, and emergency medical services are listed.
- Ask the program director, “What information do you collect so you are prepared to handle emergencies involving my child?” Expect to hear they collect your home, cell, and work phone numbers and backup phone numbers from other people you would trust to make decisions about your child.

Are first-aid kits readily available? ¹⁰

If your child gets hurt, having first-aid supplies nearby will ensure he or she gets basic medical attention more quickly.

- Ask to see the program’s first-aid kit. Some programs keep a kit in each room; some have a kit in the office.
- Check to see if the kit contains items such as first-aid instructions, disposable, non-porous gloves, soap or hydrogen peroxide, tweezers, bandage tape, sterile gauze, scissors, a baby-safe thermometer.

Is there a plan for responding to disasters (fire, flood, etc.)? ¹¹

An emergency plan that is practiced regularly will increase the likelihood caregivers and children will act appropriately in an emergency. Programs should have an emergency plan and the staff and children should practice it regularly.

The plan should be practiced during different times of the day, especially when children are sleeping, eating, and outside. The program’s plan should include what to do during the types of disasters (hurricanes, tornadoes, winter storms, etc.) most often experienced in the area, as well as terrorist attacks.

- Ask the program staff, “What would you do if there was a fire?” Expect to hear that they would evacuate the children from the facility and then call 9-1-1.
- Look to see if there are two ways out of most areas. Check to see the paths to exit the facility in an emergency are posted in each room in a center and at least one place in a family child care home.

- Ask the program director to see the program’s emergency plan. Check to see if it includes information on the types of weather events experienced in the area.
- Ask the program staff, “Do you practice for emergencies like a fire?” and “How often do you involve the children in these practices?” and “What types of weather events are you prepared for?”
- Ask the program staff, “What would you do if there was a terrorist attack?”

Has a satisfactory criminal history background check been conducted on each adult present? *Was the check based on fingerprints?* ¹⁴

Having adults with favorable background checks helps ensure people with criminal backgrounds are not caring for your child, reducing the risk of child abuse. These checks are more valid if they are based on fingerprints. Sometimes these checks take some time to be processed; adults who have not had their background check returned should always be closely supervised by someone who has been cleared. Checks should be completed on all adults who have contact with children including bus drivers, janitors, clerks, etc.

- Ask the program director, “Is a criminal history background check conducted on all staff and volunteers and adult family members (if a family child care home)?” and “Are the checks based on fingerprints?”
- Ask the program director, “Are adults allowed to be alone with children while you are waiting for their background check to be completed?” and “How will you ensure my child will not be alone with someone without a completed background check?”
- Ask the program director, “Are there any adults around the program who have been arrested or convicted of a crime involving violence or children?”

Have all the adults who are left alone with children had background and criminal screenings? ¹³

The rare occasions when abuse occurs in child care centers typically happen when caregivers are left alone with children. Making sure center caregivers can be seen at all times greatly reduces this risk. In family child care homes the provider often will be alone with the children. The greater risk in homes is when other family members or visitors are left alone with children.

- In centers, look to see that at least two adults are with each group of children most of the time.

- Ask the program director, “What precautions do you take to reduce the potential for child abuse in your program?” Expect to hear that the program avoids having one adult alone with children whenever possible.
- In family child care homes, ask the provider, “Will my child ever be left alone with your family members or guests?” Expect to hear this would only occur in an emergency or if a family member is an approved and trained substitute.

Is the outdoor play area a safe place for children to play?

- Is it checked each morning for hazards before children use it?²³
- Is the equipment the right size and type for the age of the children who use it?²⁴
- Is the outdoor area surrounded by a fence or other barrier at least 4 feet tall if there is traffic or there are other hazards nearby?²⁵
- Is the equipment in good condition?³⁹
- Is the equipment placed on mulch, sand, or rubber mats?²³

The most common place for children to be injured is on the playground or yard.

If there is traffic or there are other hazards near the outdoor area there should be a barrier at least 4 feet high surrounding the area. The barrier could be a fence, hedge, or other protection.

If the outdoor area is checked daily for broken glass, metal pieces, etc., cuts and other injuries can be avoided. Children can also be injured if the play equipment is broken or splintered or missing important parts.

Most injuries on playgrounds occur when children fall. Children can get hurt if they fall from play equipment that is too high or has handholds, steps or other parts that are too big for them. Having soft surfaces under play equipment cushions the child's fall. The materials used to cushion children's falls should be 9 to 12 inches deep.

- Walk around the outdoor area; look for broken glass, metal pieces, or other debris that could injure a child. Check the equipment for missing or broken parts that could result in children falling. If there is traffic or there are other hazards nearby, is there a fence or other barrier to protect children from injury? Is the barrier high enough to keep children inside?

- Check the playground equipment. Is it the right size for your child? Does it have impact-altering materials under it? Are the materials 9 to 12 inches deep? Are the materials still in place where the slide ends, where children drag their feet when swinging, and in other high-use areas?
- Ask the program director, “How often is the outdoor area and equipment checked?” and “When is the cushioning material under the outdoor equipment replenished?”

Is the program set up to promote quality? Does the program have the highest level of licensing offered by the state?⁴²

Some states offer different approval levels for child care programs. For example, family child care programs may be registered or licensed. In some states, if the family child care provider is a relative of the children in care or cares for fewer than a specific number of children, he or she is not required to be registered or licensed.

If a child care program chooses to be licensed, even if not required to be, this may indicate the program is interested in providing good care for your child. Some states have a quality rating system for child care programs and rate programs based on various quality criteria. If the program has earned a high rating in the state's quality rating system this is usually an indication that the program is providing quality child care.

- Ask the program director, “Is this program licensed by the state?” If it isn't licensed ask, “Why isn't it licensed?” If the answer is that the program isn't required to be licensed, ask “Have you considered becoming licensed anyway?”
- Ask the program director, “Has this program received the highest quality rating given by the state?” If the answer is “no,” ask “Why didn't the program receive the highest quality rating?” The answer may be that the state doesn't offer quality ratings.

Are there written personnel policies and job descriptions?¹⁷

Written personnel policies and job descriptions reflect a program's professionalism and expectations of staff. Written policies also help staff know what is expected of them, resulting in programs running more effectively.

- Ask to see a center's personnel policies and job descriptions for staff.
- In a family child care home, ask to see the personnel policies and job descriptions for any assistants and substitutes.

*Are parents and staff asked to evaluate the program?*³⁷

Child care programs should regularly seek ways to improve the quality of the care they offer. Asking parents and staff for feedback and using the results to make improvements shows the program is responsive to your and other parents' input.

- Ask the program director, "Do you ask the parents how the program could be improved?" and "Do you ask the staff how the program should be improved?"
- Ask the program staff, "Are you asked to provide input on how the program could be improved?"
- Ask other parents, "Are you asked to provide input on how well the program is doing?"
- Ask to see the results of any surveys parents and staff have been asked to complete.

*Are staff evaluated each year; do providers do a self-assessment?*¹⁸

Annual evaluations provide feedback to staff on their performance and provide an opportunity for staff to identify areas of strength and areas for improvement.

This feedback can improve job performance, enhancing the overall operation of the program.

- Ask the program director, "Are staff evaluated each year?" and "Are the results of staff evaluations shared with the individual staff members?"
- Ask family child care providers, "Do you do a self-assessment each year?" and "How do you use the results of the self-assessment?"
- Ask program staff, "Are you evaluated each year?" and "Are the results of your annual evaluation shared with you?"

*Is there a written annual training plan for staff professional development?*³³

A written training plan individualized for each staff member or provider helps adults get the training they need to do the best job possible of educating and caring for your child.

- Ask to see the center's training plan for staff professional development. Check to see that staff members are provided opportunities to continue to learn about how to help children develop and learn.

- Ask the family child care provider to see his or her training plan for the year. Check to see that he or she plans to participate in training on how to help children develop and learn.
- Ask program staff, "Is there a written annual training plan for professional development?" and "Is the plan followed?"

*Is the program evaluated each year by someone outside the program?*³⁸

Having an outside "pair of eyes" look at the child care program each year helps ensure it will be a good place for your child. Someone who is not in the program every day can spot health or safety hazards missed by those who are there every day. Outside evaluators can also offer suggestions on how to improve the program and make it a better place for children to grow and learn.

- Ask the program director, "How often are you inspected by the state?" and "Are you visited by any other outside group?"
- If the program has been inspected in the last year, ask "What were the results of your latest inspection?"

*Is the program accredited by a national organization?*³⁶

National accreditation is a process that typically requires self-study, feedback from families, and a validation visit by an outside organization. Participating in this process increases program quality. The stamp of approval of an outside organization means the program has received feedback on its performance by an outside entity. Accrediting agencies include the National Association for the Education of Young Children, National Association for Family Child Care, National After School Association, National Early Childhood Program Accreditation and National Accreditation Commission for Early Care and Education Programs.

- Ask the program director, "Is this program accredited?" If the program is not accredited, ask "Why hasn't the program sought accreditation?" and "Does the program plan to become accredited?"
- Look for a certificate or other display indicating that the program is accredited.

*Does the program work with parents? Will I be welcome any time my child is in care?*¹

As a parent you should always feel welcome in the program. You should always have access to your children and where they are receiving care at any time. Programs may recommend that you not visit during rest time or other specific times, but you should be able to visit during those times if you choose to do so.

- Ask the program director, “Will I be able to visit the program at all times?”
- Ask other parents, “Are you able to visit the program whenever you want to?”

*Is parents' feedback sought and used in making program improvements?*¹

Your input should be welcome. Programs have the needs of many different families to balance, but you should always feel listened to and encouraged to express your opinions.

- Ask other parents, “Is parent input asked for and accepted?”
- Ask the program director, “How does the program get input from parents?” and “What are some examples of changes that have been made based on parent input?”

*Will I be given a copy of the program's policies?*²

Well-managed programs operate using a set of policies and procedures. This information may be made available to parents in a parent handbook. This usually means the program has thought through the needs and interests of parents and will be more responsive to their needs.

- Ask to see a copy of the program's policies.
- Ask for a copy of the program's parent handbook.
- Ask parents, “Have you been given a copy of the program's policies?”
- As the program director, “Will I be given a copy of the program's policies?”

*Are annual conferences held with parents? Are parents involved in other ways?*³⁰

Parent conferences allow you to visit with your child's teacher or caregiver in a focused way to talk about your child's development and progress, and to share goals. These conferences can be invaluable for establishing relationships and developing shared plans for educating and caring for your child. Staff and providers should talk with parents about their child's day and how to ease transitions between home and child care and child care and school.

- Ask the program director, “Are parent conferences held?” and “How often?”
- Ask the program staff, “Do you have planned conferences with parents?”
- Ask other parents, “Are annual conferences held with parents?”
- Ask the program director, “How will the person caring for my child keep me informed about my child's day?”
- Ask the program director, “What will the program do to help my child adjust to child care?” and “What will the program do to help my child transition to school?”

Bibliography

- ¹Lopez, M. E. (1996). *Quality in family and child care partnerships*. Cambridge, MA: Harvard Family Research Project; U. S. Department of Education. (1994). *Strong families, strong schools: Building community partnerships for learning*. Washington, DC: Author.
- ²Diffily, D. & Morrison, K. (eds.). (1996). *Family-friendly communication for early-childhood programs*. Washington, DC: National Association for the Education of Young Children.
- ³Chang, H. N. (1996). Looking in, looking out: Redefining child care and early education in a diverse society. San Francisco, CA: California Tomorrow.
- ⁴Niffenegger, J. P. (1997). Proper hand washing promotes wellness in childcare. *Journal of Pediatric Health Care*, 11(1), 26-31. Starr (1996). Breaking the Chain: Handwashing and infection control. *Early Childhood News*, 8(3), 29-31.
- ⁵Holaday, B., Waugh, G., Moukaddem, V. E., West, J. & Harshman, S. (1995). Diaper type and fecal contamination in child day care. *Journal of Pediatric Health Care*, March-April, 67-74; Sauver, J. Khurana, M., Kao, A. & Foxman, B. (1998). Hygienic practices and acute respiratory illness in family and group day care homes. *Public Health Reports*, November- December, 113, 544-550.
- ⁶Bond, L. Nolan, T. & Lester, R. (1999). Immunization uptake, services required and government incentives for users of formal day care. *Journal of Public Health*, 23(4), 368-376; Fiene, R. (2002). 13 Indicators of Quality Child Care: Research Update. Presentation to Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau, U.S. Department of Health and Human Services.
- ⁷Gunn, W. J., Pinsky, P. F., Sacks, J. J. & Schonberger, L. B. (1991). Injuries and poisonings in out-of-home child care and home care, *American Journal of Diseases of Children*. 145(7):779-81; Slack-Smith, L. M., Read, A. W. & Stanley, F. J. (1998). The use of medication in children attending childcare in Western Australia, *Journal of Pediatrics & Child Health*, 34(2):183-7.
- ⁸Aronson, D. (1988). Chemical hazards in childcare, *Child Care Information Exchange*, September, 33-37; Greenspan, N. (1991). Infants, toddlers, and indoor air pollution. *Zero to Three*, 11(5): 14-21.
- ⁹Fiene, R. (2002). 13 Indicators of Quality Child Care: Research Update. Presentation to Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau, U.S. Department of Health and Human Services; Wiebe, R. A. & Fuchs, S. (1999). Emergency medical services in the childcare setting. *Healthy Child Care America Newsletter*, 3(1): 3-5.
- ¹⁰Cummings, P., Rivara, F. P., Boase, J., & MacDonald, J. K. (1996). Injuries and their relation to potential hazards in child day care, *Injury Prevention*, 2(2):105-8.
- ¹¹McConnell, C., Leeming, F. & Dwyer, W. (1996). Evaluation of a fire-safety training program for preschool children, *Journal of Community Psychology*, 24(3):213-227.
- ¹²Donohue, A. (1995). Preventing child abuse, part II. In Todd, C.M.(Ed.), *Child care connections*, 2(2), Urbana-Champaign, IL: University of Illinois Cooperative Extension Service.
- ¹³Wurtele, S. K. & Schmitt, A. (1992). Childcare workers' knowledge about reporting suspected child sexual abuse. *Child Abuse and Neglect*, 16, 385-390.
- ¹⁴Schumacher, R. B. & Carlson, R. S. (1999). Variables and risk factors associated with child abuse in daycare settings. *Child Abuse and Neglect*, 23(9), 891-898.
- ¹⁵Fiene, R. (2002). 13 Indicators of Quality Child Care: Research Update. Presentation to Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau U.S. Department of Health and Human Services.
- ¹⁶American Academy of Pediatrics. (1998). Guidance for effective discipline, *AAP Policy Statement*, 101 (4), 723-728.
- ¹⁷Department of Labor, Bureau of Management Statistics: Occupational outlook handbook. Available: <http://www.bls.gov/oco/ocos021.htm>; resources for child care workers available at: <http://www.bls.gov/oco/ocos170.htm>
- ¹⁸Department of Labor, Bureau of Management Statistics: Occupational outlook handbook. Available at <http://www.bls.gov/oco/ocos021.htm>; resources for child care workers available at: <http://www.bls.gov/oco/ocos170.htm>

- ¹⁹Dunn, L. (1993). Ratio and group size in day care programs. *Child and Youth Care Forum*, 22, 193-226; National Institute on Child Health and Human Development (NICHD) Early Child Care Research Network. (2005). Early Child Care and Children's Development in the Primary Grades: Follow-Up Results from the NICHD Study of Early Child Care. *American Educational Research Journal*, 42 (3); Palmerus, K. (1996). The impact of ratio of children/caregiver on social interaction and activity pattern in a day care center. *Early Child Development and Care*, 71, 97-103; Vandell, D. L. & Wolfe B. (2000). Child Care Quality: Does It Matter and Does It Need to be Improved? Institute for Research on Poverty: University of Wisconsin–Madison.=
- ²⁰Bartlett, A. V., Orton, P., & Turner, M. (1986). Day care homes: The silent majority of child day care. *Review of Infectious Disease*, 8, 663-668; Dunn, L. (1993). Ratio and group size in day care programs. *Child and Youth Care Forum*, 22, 193-226; National Institute on Child Health and Human Development (NICHD) Early Child Care Research Network. (2005). Early Child Care and Children's Development in the Primary Grades: Follow-Up Results from the NICHD Study of Early Child Care. *American Educational Research Journal*, 42 (3); Vandell, D.L. & Wolfe B. (2000). Child Care Quality: Does It Matter and Does It Need to be Improved? Institute for Research on Poverty: University of Wisconsin–Madison.
- ²¹NICHD Early Child Care Research Network. (1999). Child outcomes when child care center classes meet recommended standards for quality. *American Journal of Public Health*, 89, 1072-1077.
- ²²Bowman, B.T., Donovan, M.S., & Burns, M.S. (2001). *Eager to Learn: Educating Our Preschoolers*. Washington, DC: National Academy Press
- ²³Briss, P. A., Sacks, J. J., Addiss, D. G., Kresnow, M. J. & O'Neil, J. (1995). Injuries from falls on playgrounds. Effects of day care center regulation and enforcement, *Archives of Pediatrics & Adolescent Medicine*, 149(8), 906-911.
- ²⁴Kotch, J. B., Chalmers, D. J., Langley, J. D. & Marshall, S. W. (1993). Child day care and home injuries involving playground equipment. *Journal of Pediatrics & Child Health*, 29(3), 222-227.
- ²⁵Browning, K. S., Runyan, C. W. & Kotch, J. B. (1996), A statewide survey of hazards in child care centers, *Injury Prevention*, 2(3), 202-207.
- ²⁶Honig, A. S. & Hirallal A. (1998). Which counts more for excellence in child care staff—years in service, education level or early childhood education coursework? *Early Child Development & Care*, 145, 31-46; Whitebook, M., Phillips, D. & Howes, C. (1993). The national child care staffing study revisited: Four years in the life of centers based child care. Oakland, CA: Child Care Employee Project.
- ²⁷Fiene, R. (2002). 13 Indicators of Quality Child Care: Research Update. Presentation to Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau U.S. Department of Health and Human Services; Soto, J. C., Guy, M., Deshaies, D., Durand, L., Gratton, J., & Belanger, L. (1994). A community health approach for infection control in day-care centers. *Pediatrics*, 94(6), S1027.
- ²⁸Honig, A. S. & Hirallal, A. (1998), Which counts more for excellence in child care staff—years in service, education level or early childhood education coursework?; *Early Child Development & Care*, 145, 31-46; Zaslow, M., Tout, K., Maxwell, K. & Clifford, R. (2004). The role in professional development in creating high quality preschool education. Paper presented at the Brookings-University of North Carolina Conference on Preschool Education.
- ²⁹Pramling, I. P., & Palmerus, K. (1991). *Increasing the competence of staff dealing with young children*. Paper presented at the Fifth Early Childhood Convention, Dunedin, New Zealand.
- ³⁰Galinsky et al. (1995) *The family child care training study*. New York: Families and Work Institute.
- ³¹Clifford, R. M., Harms, T., Pepper, S., & Stuart, B. (1992). Assessing quality in family day care. in D. L. Peters, & A. R. Pence (Eds), *Family Day Care: Current research for informed public policy* (pp. 243-265). New York: Teachers College Press; Galinsky et al. (1995) *The family child care training study*. New York: Families and Work Institute.
- ³²Briss, P. A., Sacks, J. J., Addiss, D. G., Kresnow, M. J. & O'Neil, J. (1993). A nationwide study of the risk of injury associated with day care center attendance. Atlanta, Georgia: *National Center for Injury Prevention and Control*, 364-368.
- ³³Miller, P. S. & Stayton, V. D. (1998). Blended interdisciplinary teacher preparation in early education and intervention, *Topics in Early Childhood Special Education*, 18(1):49-58; Mitchell, L. & Cubey, P. (2003). Characteristics of professional development linked to enhanced pedagogy and children's learning in early childhood settings: Best evidence synthesis. New Zealand Ministry of Education: Wellington.
- ³⁴Center for the Child Care Workforce. (1999). *Creating Better Child Care Jobs: Model Work Standards for Teaching Staff in Center-Based Child Care*. Washington D.C.: author; Department of Labor, Bureau of Management Statistics: Occupational outlook handbook. Available: <http://www.bls.gov/oco/ocos021.htm>; resources for child care workers available at: <http://www.bls.gov/oco/ocos170.htm>

- ³⁵Center for the Child Care Workforce. (1999). *Creating Better Child Care Jobs: Model Work Standards for Teaching Staff in Center-Based Child Care*. Washington D.C.: author; Department of Labor, Bureau of Management Statistics: Occupational outlook handbook. Available: <http://www.bls.gov/oco/ocos021.htm>; resources for child care workers available at: <http://www.bls.gov/oco/ocos170.htm>
- ³⁶Bloom, D. (1996). The quality of work life in NAEYC accredited and non accredited early childhood programs, *Early Education & Development*, 7(4),301-7; Cost, Quality, and Child Outcomes Study Team (1995). *Cost, quality and child outcomes in child care centers public report*. Denver: Economics Department, University of Colorado-Denver; Frede, E. (1995). The role of program quality in producing early childhood program benefits. *Future of Children*, 5(3), 115–132.
- ³⁷Schultz, T. & Lopez, E. (1996). Early childhood reform in seven communities: Front-line practice, agency management, and public policy. U.S Department of Education.
- ³⁸Andersson, M. (1999). The Early Childhood Environment Rating Scale (ECERS) as a tool in evaluating and improving quality in preschools. *Studies in Educational Sciences*, 19; Burchinal, M. R., Roberts, J. E., Riggins, R., Zeisel, S. A., Neebe, E., & Bryant, D. (2000). Relating quality of center-based child care to early cognitive and language development longitudinally. *Child Development*, 71(2), 339-357; Clifford, R. M., Russell, S., Fleming, J., Peisner, E. S., Harms, T., & Cryer, D. (1989). *Infant/Toddler Environment Rating Scale: Reliability and validity study-Final Report*. Chapel Hill, NC: Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill; Kontos, S. (1994). The ecology of family day care. *Early Childhood Research Quarterly*, 9(1), 87-110; Scarr, S., Eisenberg, M., & Deater-Deckard, K. (1994). Measurement of quality in child care centers. *Early Childhood Research Quarterly*, 9(2), 1 31-152.
- ³⁹ U.S. Consumer Product Safety Commission. (July 2001). *Home playground equipment-related deaths and injuries*. Washington, D.C.:U.S. Consumer Product Safety Commission.
- ⁴⁰Ferrar, Heidi M., Harms, Thelma and Cryer, Debby. (1995). *Places for Growing. How to Improve Your Family Child Care Home. Lessons from Child Care Research Funded by the Rockefeller Foundation*. Mathematica Policy Research, Inc. New York: Rockefeller Foundation. Retrieved January 30, 2006, from <http://www.mathematica-mpr.com/PDF/family.pdf>.
- ⁴¹Consumer Product Safety Commission. United States of America. (n.d.). *Which Toy for Which Child. A Consumer's Guide to Selecting Suitable Toys: Ages Birth Through Five*. Publication No. 285. <http://www.cpsc.gov/cpscpub/pubs/285.pdf>. Accessed 1/30/2006.
- ⁴²Azer, Sheri, LeMoine, Sarah, Morgan, Gwen, Clifford, Richard M., & Crawford, Gisele M. (Winter 2002). *Regulation of Child Care*. In National Center for Early Development & Learning. *Early Childhood Research & Policy Briefs*. Volume 2, #1.
- ⁴³National Research Council. (1999). *Starting Out Right. A Guide to Promoting Children's Reading Success*. Burns, Susan M., Griffin, Peg, and. Snow, Catherine E (Editor s). Washington D.C.: National Academy Press.



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