



The Manitoba Child Care Association

Accreditation Standards, Criteria, and Indicators For Family Child Care Homes

**APPROVED BY THE ADVISORY COMMITTEE TO THE
FEASIBILITY STUDY ON VOLUNTARY ACCREDITATION OF
MANITOBA'S LICENSED CHILD CARE FACILITIES**

APRIL 2007

A project of the Manitoba Child Care Association in partnership
with the Canadian Child Care Federation



*Funding for this project was provided by the Manitoba Child Care Program
Department of Family Services and Housing
Government of Manitoba*

© Manitoba Child Care Association

Feasibility Study on Voluntary Accreditation of Manitoba's Licensed Child Care Facilities 2005 – 2007

From 2005 – 2006, the Canadian Child Care Federation and The Manitoba Child Care Association partnered on a Feasibility Study on Voluntary Accreditation of Manitoba's Licensed Child Care Facilities, funded by the Manitoba Child Care Program, Department of Family Services and Housing, Government of Manitoba.

A 14 member Advisory Committee was identified to provide advice and insights. Representatives were invited from licensed full time child care centres, nursery schools, and family child care homes; privately owned services; urban, rural, and northern services; unionized, francophone and aboriginal services; ECE training programs, and appointee's from Healthy Child Manitoba and the Manitoba Child Care Program. Pat Wege, Executive Director of the Manitoba Child Care Association and Anne Maxwell, Canadian Child Care Federation were co-chairs of the Advisory Committee. Elin Ibrahim was the Project Coordinator.

The first phase of the feasibility study was conducted in 6 parts:

Part 1. A briefing on the Alberta Child Care Accreditation Program was provided by Sandra Beckman, Executive Director, Alberta Association for the Accreditation of Early Learning and Child Care Services.

Part 2. The environmental scan of the Manitoba child care system, to produce a description, and analysis of the readiness of the system into which accreditation might be introduced, was provided by Lynn Cooper, Winnipeg, MB

Part 3. A review of child care service standards, to produce a set of sample service standards, appropriate to the Manitoba context for review and revision by participants in the consultation phase, was conducted by Gillian Doherty, Toronto, ON

Part 4. The review of accreditation models, to produce a set of considerations in the design of an accreditation agency, appropriate to the Manitoba context, for review and revision by participants in the consultation phase was conducted by Don Ogston, Ottawa, Ontario.

Part 5. The consultations on accreditation with the child care community to inform stakeholders about accreditation purposes and processes and obtain opinions on standards, approaches, and readiness was done by Michele Grant, Louise LaFleche, and Janine Bertrand, Winnipeg, MB. In total twelve province wide focus groups were held, and three telephone seminars were offered, in both official languages.

Part 6. The Feasibility Study Report and Recommendations, including a summary of each part was prepared and recommendations on the processes to develop and implement an accreditation system in Manitoba was written by Elin Ibrahim.

The Advisory Committee recognized that accreditation of licensed child care facilities in Manitoba is a long term goal and will require many incremental steps along the way. They recommended that the first next step should be to incorporate community feedback into the service standards.

In September 2006, The Manitoba Child Care Association received approval from the Manitoba Child Care Program to revise the standards and criteria to reflect discussion at the consultations, and to compare them to Manitoba Regulations to ensure no overlap exists and they build on licensing requirements. Elin Ibrahim was the Project Manager and Michele Grant was the Project Assistant. Pat Wege chaired the second Advisory Committee. Most of the participants from the original Advisory Committee continued to advise on the project for the second phase.

This "Phase II" also gave the child care community the opportunity to provide feedback on the indicators, which were then revised, discussed and approved by the Advisory Committee. This April 2007 version of accreditation standards, criteria and indicators has been made available to the child care community as a tool to help improve the quality of services they provide, and to help families identify the ingredients of a quality care environment.

The Manitoba Child Care Association remains committed to the long term goal of a voluntary accreditation system for early learning and child care services in the Province of Manitoba. We will continue to work with our members, partners, and stakeholder groups to build on the outcomes of this project.

Thank you to the participants on the Advisory Committees:

Ron Blatz, Discovery Children's Centre, Winnipeg
Elizabeth Feere, Family Child Care Provider, Winnipeg
Maxine Balbon, Family Child Care Provider, Winnipeg
Jo-Anne Gray, Frere Jacques Nursery School, Lorette
Arla Sigfusson, Sigfusson Nursery School Ltd., Winnipeg
Fernanda Hodgson, Day Nursery Centre, Winnipeg
Kathy Menard, Teekinaken Daycare, Thompson
Caryn LaFleche, Les enfants precieux inc., Winnipeg
Brigitte Insull, Seven Oaks Child Day Care Centre, Winnipeg
Karen Ohlson, KIDS Inc., Winnipeg
Karen Yuriy, Peter Pan Day Nursery, Dauphin
Joan Kunderman, Red River College
Lynda Rosenstock, Manitoba Child Care Program
Wendy Church, Healthy Child Manitoba

Our appreciation is also extended to all those who participated in focus groups and telephone seminars. Their valuable feedback, wise comments, and ideas that were very useful in producing quality set of accreditation standards we can all be proud of!

Accreditation Standards for Family Child Care¹ Homes, April 2007

Table of Contents

Component 1:	Relationships	5 - 8
Standard 1:	Relationships between the provider and the children are warm, responsive, respectful and supportive.	5
Standard 2:	The development of positive relationships among the children is supported and encouraged.	5 - 6
Standard 3:	Relationships with families are respectful, supportive and collaborative.	6 - 7
Standard 4:	Relationships among people working in the family child care home are positive.	7 - 8
Standard 5:	The provider balances the needs of her family and those of the child care families.	8
Component 2:	Health and safety	8 - 11
Standard 6:	The indoor and outdoor areas of the home used for child care protect the health and safety of children and adults and enhance their well-being.	8 - 9
Standard 7:	Policies, procedures and practices protect the health and safety of children and adults.	9 - 11
Component 3:	Learning and development	11 - 15
Standard 8:	The physical space, equipment and materials support quality programming.	11
Standard 9:	The daily program is inclusive and supports diversity.	11 - 12
Standard 10:	Children are encouraged to make choices and learn through play.	12
Standard 11:	Curriculum ² planning and implementation is guided by observation.	12
Standard 12:	The curriculum promotes each child's physical, emotional, social, communication, cognitive, ethical and creative development.	12
Component 4:	Management	15 - 17
Standard 13:	The provider exhibits a professional attitude towards her work.	15
Standard 14:	Program management and administration is effective and supports the provision of high-quality child care.	15 - 16
Standard 15:	The management of human resources supports the provision of high-quality child care.	16 - 17

Component 5: Community relationships.17

Standard 16: The provider is actively involved in the broader community. 17

Component 6: Quality maintenance and enhancement.17

Standard 17: On-going monitoring of the extent to which the service is meeting clients' needs
supports the maintenance and enhancement of quality. 17

Documents that informed the development of the draft family child care standards.18

¹ The term "family child care" includes group child care homes

² The term "curriculum" refers to an intentional plan for providing experiences and activities that promote development and learning, including opportunities for child-directed activities.

Component 1: Relationships.

Children's well-being and their development and learning are supported and enhanced when:

- They experience warm, positive relationships with the provider³ and with the other children in the family child care home;
- The relationship between the provider and the child's family is respectful and collaborative;
- The provider balances the needs of her⁴ family and those of the child care families; and
- Relationships among people working in the family child care home are positive.

Standard 1: Relationships between the provider and the children are warm, responsive, respectful and supportive.

1.1. The provider is warm, responsive and supportive with each child.

- The provider is appropriately affectionate with children throughout the day. For example, she:
 - Talks with, holds and carries infants frequently.
 - Holds a toddler or young preschooler on her lap or next to her with her arm around the child's shoulder.
 - Gives a preschooler or school-aged child an encouraging hug or a pat on the shoulder.
- The provider responds to children's verbal and non-verbal expressions of need promptly and sensitively. She:
 - Comforts and reassures children who are upset.
 - Responds promptly and in a helpful way to children's requests.
- When speaking with or to children, the provider usually kneels, bends or sits at their level to establish eye contact.
- The provider builds on children's interests and ideas. For example, she:
 - Seeks children's opinions and perspectives through open-ended questions.
 - Provides additional materials or other types of support for children involved in an activity.
 - Develops or modifies a planned activity to build on children's interests.

1.2. The provider treats each child with respect and consideration.

- The provider does not interrupt children when they are speaking.
- The provider takes the time to figure out what a child is trying to convey even when the child's speech is unclear or very limited.
- The provider acknowledges, validates and treats children's expressions of feelings with respect. For example, by providing comfort and assistance to a child expressing feelings of being rejected and not implying that the child's perception is wrong.
- When it is time for a transition or routine, the provider gives children absorbed in an activity time to terminate the activity in their own way.
- The provider responds to each child's developmental level and preferences. For example, she:
 - Organizes transitions to allow those children who need more time to dress themselves to have that time.
 - Allows non-sleepers to have a book or quiet toys to play with during nap time.
 - Gives children choices between and within activities.
 - Does not require children to participate in activities they do not enjoy, except for necessary routines.

Standard 2: The development of positive relationships among the children is supported and encouraged.

2.1. The provider encourages positive interactions among all the children.

- The provider intentionally encourages and supports children's positive interactions. For example, she:
 - Supports an infant's interest in watching or touching another child.
 - Provides time, appropriate space, materials and guidance for child-directed group play or organized activities involving two or more children.

³ The term 'provider' is used to refer to the provider in whose home the child care program operates, her co-worker or an assistant unless it is clearly indicated that it pertains only to the primary provider as in Criterion 4.3. of Standard 4 and all of Standard 5.

⁴ The terms 'her' or 'she' are used in recognition of the fact that over 95% of family child care providers are woman. These terms should be taken to refer to both men and women.

- The provider uses play-based experiences and verbal guidance to help children to learn and practice strategies for getting along with other children.
- The provider assists children to understand the perspective of another. For example, she:
 - Uses story time, puppets, dramatic play and other activities to assist children to understand the expectations of others and to explore how others may feel in a range of situations.
 - Encourages and assists children to think about how others are feeling or what they may want.
- The provider acknowledges and encourages prosocial behaviours among the children.
- The provider gives extra assistance with peer interactions to children who are new to the program or socially withdrawn or shy.

2.2. *The provider anticipates and responds to possible conflict among the children.*

- The provider establishes clear, consistent expectations for children's behaviour with each other that are geared to the children's developmental level and explained in language children can understand.
- The provider has realistic expectations for peer interaction. For example, she provides duplicates of a favourite toy so that toddlers don't have to share too often, provides space for older children to engage in activities without interference from infants or toddlers.
- The provider assists and supports preschoolers and older children to resolve conflicts with each other by talking through their feelings, explaining what they would like, engaging in negotiation and finding their own solutions.
- The provider intervenes quickly, calmly and respectfully when a child is or is about to become verbally or physically aggressive or if a child is being rejected.

Standard 3: Relationships with families⁵ are respectful, supportive and collaborative.

3.1. *The provider respects the family's primary responsibility for the child and its right to transmit its values, beliefs and culture.*

- The intake process welcomes information from parents about their needs, religious and/or cultural requirements and preferences, the child's daily routine and preferences, and their current expectations for their child. This information is noted in the child's file and used to inform routines and programming.
- Before the child begins care, parents are informed about any pets in the home; they are also informed before new pets are brought into the home.
- Before the child begins care, the provider shares her program philosophy⁶ and her policies with the parent, both verbally and in writing. The policies shared with the family include those related to:
 - Emergency procedures.
 - Arrival and departure processes.
 - Release of children.
 - Fees, fee payments and withdrawal of a child.
 - Statutory holidays and her own and children's families' vacations.
 - Children's personal belongings.
 - Provider or child illness.
 - Administration of patent or prescribed medication.
 - Administration of medical procedures if required.
 - Child supervision.
 - Behaviour management.
 - Languages.
 - Field trips.
 - Transportation.
 - Confidentiality.
 - Reporting of suspected child neglect or abuse.
 - Use of substitutes.

⁵ The term "family" refers to: (a) a biological parent who has custody of or legal access to the child; (b) the child's legal guardian; (c) the person who is married to, or lives in a conjugal relationship with the child's biological parent who is legally responsible for the child; and (d) close relatives, such as grandparents, who may have responsibility for the child in the parent's absence, for example, while the parent works.

⁶ A program philosophy is a statement of the program's values that serves to guide how the program is delivered. For example, a program philosophy statement might include a commitment to the development and maintenance of a collaborative relationship with each family.

- There is a written contract with each family that clearly states the responsibilities of each party in the child care agreement. Areas covered in the contract include: days and hours of care; fees; payment schedule; authorization regarding people to whom the child can be released, and supplies to be provided by the family, if any. Parents are given a copy of the contract.
- If the parent does not speak the language of the provider or has difficulty understanding it, the provider seeks the assistance of someone who can translate in the parent's home language whenever having a formal meeting with the parent.
- Routines and food are modified, to the extent possible or appropriate, to reflect family practices and wishes. The provider works with the parent to ensure that alternatives are available when necessary (e.g. parent sends soya milk for lactose intolerant child).
- The provider has an answering machine that is always on when she is out or too busy to respond to the telephone. If the machine is on, the provider checks for messages before the first child is due to arrive and regularly during business hours. Alternate arrangements are made so that parents can reach provider for emergencies (e.g. provider takes a cell phone on field trip).
- If applicable, the most recent public health and fire inspection reports are posted where parents can easily see them and copies are available to families on request.

3.2. *The provider actively and continuously engages parents in information-sharing and decision-making about their children.*

- A variety of approaches are used to maintain regular communication with families. For example, journals that provider and parents exchange on a daily basis for infants and on a weekly basis for older children; weekly summary notes sent home with parents; notices on a parent bulletin board; telephone conversations; scheduled meetings.
- Parents are provided opportunities to be involved on a regular basis in goal-setting and planning for their children. For example
 - Parents of infant and preschool children discuss with the provider the children's progress on at least a yearly basis through a meeting or by a written report sent home and supplemented with a telephone discussion.
 - At least once a year provider provides the opportunity for a meeting between provider and parents to review the child's progress and set goals for the coming year. Decisions made at this meeting are recorded in the child's file.
- Major changes that affect children are discussed with their parents in advance of their happening. For example, parents are informed about a change in the regular substitute.
- When there is the possibility of a developmental delay or other additional support need, the provider meets with the family, explains the concern and the observations and documentation supporting it, and discusses options, respecting any family decisions that are made.

3.3. *The provider supports the family in its child-rearing role.*

- The provider shares resources, such as public health information sheets, and information on child development and child-rearing issues with parents and offers suggestions on parenting if requested.
- The provider maintains accurate, up-to-date information about child and family services in the community, including how to access them, and shares this with families as requested or indicated.
- The provider informs parents about Federal and Provincial programs that are available, and child care subsidies.
- Parents state that they feel comfortable about approaching the provider with a parenting question or concern.

Note to reader: The accreditation process involves interviews with a sample of parents and thus an opportunity to sound parents out about their degree of comfort asking the provider a question.

3.4. *Each child's family is treated in a courteous manner by the provider's family members or others living in the provider's home.*

Standard 4: Relationships among people working in the family child care home are positive.⁷

4.1. *Interactions among the adults are respectful.*

- The conversational tone among the adults is pleasant and friendly. For example, the adults are courteous with each other; use a friendly tone of voice.

⁷ The phrase "people working in the child care home" refers to people other than the provider's own family, for example, a substitute, person hired with a staff grant under the Children with Disabilities Program or a person from another organization who comes into the home on a regular basis to provide a specific program or service to a family child care child.

- The adults listen attentively to each other and do not interrupt someone who is speaking.
- Issues arising from diverse perspectives and experiences or differing opinions are discussed in an open, frank and respectful manner.
- Adults discuss issues with one another in private when needed or appropriate.

4.2. *Adults working in the home support each other.*

- The adults assist and support one another. They:
 - Work cooperatively as a team and share responsibility.
 - Share knowledge and resources.
 - Assist each other in difficult situations such as a child who is exhibiting challenging behaviour.

4.3. *The provider exercises her supervision responsibilities in a supportive, respectful manner.*

- The provider makes herself readily available to others working in the home when they request information or assistance.
- The provider is a source of helpful feedback and suggestions for the other adults.
- The other adults state that the provider is supportive and that they would feel comfortable about approaching her with a question or concern or for guidance.
- When having to correct or instruct another person working in the home, the provider does so tactfully, for example, not in front of the children or other adults if this can be avoided, and in a respectful manner.

Note to reader: An accreditation process involves interviews with a sample of people working in the home. Assessing compliance with Standard 4 would rely heavily on these interviews.

Standard 5: The provider balances the needs of her family and those of the child care families.

5.1. *In planning and operating her program, the provider considers both the needs of her own family and the child care program. She:*

- If children are in the home for extended hours, the provider ensures her family's needs are being met.
- Reserves some space in the home solely for the use of her own family members during hours when the child care program is in operation.
- Allows and enables her own children to safeguard some of their possessions solely for their own use.
- Keeps her own family members informed about events or any changes in the normal routine of the family child care program that might affect them.

Component 2: Health and safety.

Children's well-being and their development and learning are supported and enhanced when they are protected from harm and feel safe in the environment.

Standard 6: The indoor and outdoor areas of the home used for child care protect the health and safety of the children and adults and enhance their well-being.

6.1. *The indoor space, furnishings and equipment protect children and adults from hazards.*

- All indoor appliances used in the program are CSA or ULC approved.
- Tall bookcases or other similar pieces of furniture are secured to prevent tipping.
- Locks on bathrooms or other rooms used by the child care program are inaccessible to children or easily opened from the outside.
- Electrical outlets in rooms used for child care are covered with either spring loaded safety covers or permanent covers unless all the children in the program are school-aged.
- Electrical cords are secured so that no-one can trip over them or pull objects over.
- The temperature of the water used by children does not exceed 38 degrees centigrade.
- Toilets, drinking water and hand-washing facilities are safely accessible to young children through non-slip step-stools or some other means.

6.2. *The outdoor space and equipment protects children and adults from hazards*

- The outdoor space used for programming has trees or some other source of shade.
- All new outdoor play structures comply with CSA international standards for playground equipment.
- All climbers, swings and slides over 36 inches in height have cushioning materials under them.
- Swings are surrounded by a clearance area and fall zone that extends at least six feet beyond the stationary swing.
- There are no openings in fences, railings or similar structures that are more than six inches or 15 cm. wide.
- Sandboxes have a secure lid and or are constructed to prevent accumulation of standing water. Sandboxes are covered when not in use. Sandboxes are regularly maintained and sanitized.
- There are no trampolines accessible to children.

6.3. *The physical space protects children and adults from environmental contaminants.*

- The home does not contain asbestos or insulation products that have been deemed hazardous such as urea-formaldehyde.
- There are no indications of mould in the home.
- There are no toxic plants in the home.
- There are no toxic plants in the outdoor area used by the program.

6.4. *The indoor space enhances children's well-being.*

- The space used for child care is not limited to a single room with an adjoining washroom, instead, children have reasonable access to several rooms in the home.
- Children spend most of the time they are indoors, other than when napping, in areas that have sources of natural light.
- The area used for napping is quiet and has window coverings to reduce brightness.
- Children's sense of belonging is enhanced by photographs of them and /or their families and samples of their work displayed for all to see in the area used for the child care program, for example, on the fridge door, on a bulletin board in the front hall.

Standard 7: Policies, procedures and practices protect the health and safety of children and adults.

7.1. *Policies and procedures protect the health and safety of the children and adults.*

- The provider follows the recommendations of the City of Winnipeg's *Guide to a Healthy Child Care Environment* regarding storage, serving and preparation of food and sanitizing toys and equipment.
- The provider follows the sanitizing schedule outlined in Appendix A of the City of Winnipeg's *Guide to a Healthy Child Care Environment*.
- The provider practices universal health precautions when she has contact with blood.
- When there is more than one infant in the program, each child's bottles, formula and food are clearly labeled with the child's name.
- The provider does not put infants or toddlers to bed with a bottle.
- If there are pets:
 - Litter boxes and pet food, dishes, bedding and toys are kept out of reach of children.
 - Play spaces are free from animal urine and fecal matter.
 - Pets do not use the same toys and equipment as children.
 - Children and providers wash their hands after touching a pet or a pet's belongings.
 - The temperament of the animal is monitored.

7.2. *Policies and procedures protect the children and adults from environmental contaminants.*

- The provider maintains a smoke-free indoor environment, i.e. one where smoking is never permitted in the home itself even if it is permitted outside.
- Children are kept away from indoor areas where pesticides have been applied or kept indoors if pesticides are being or have been recently sprayed in the area around the home for as long as recommended by the local health authority.
- Rooms that have been recently painted, carpeted or tiled are ventilated for at least 24 hours before use by children.
- The humidity level is maintained below 55% at all times.
- Only non-toxic arts and crafts supplies are used.
- The use of aerosols is avoided whenever possible.

7.3. Provider is prepared/equipped to protect the health and safety of children.

- The provider completes re-certification of her first aid course bi-annually.
- Provider is trained in CPR specific to the age of children they are working with and recertified annually.
- Provider is trained to use a fire extinguisher.
- Provider is trained to use health protection equipment such as EpiPens.

7.4. Policies and procedures ensure the safe arrival and departure of each child.

- The provider has a procedure to address situations where it is not possible for a parent to give written consent for someone other than a person already designated to pick up their child. For example, the provider has a way to verify that the person who telephones to make an alternate arrangement is the parent or a designated other. Person picking up the child has identification if he/she is unknown to provider and/or child.
- There is a procedure to follow-up on school-aged children who do not arrive at the program at the expected time.
- Written agreements between the parent and the provider and a consistent sign-out procedure for children are used to ensure the safety of older school-age children whose parents have agreed to allow them to leave the program on their own.

7.5. The provider adjusts the intensity and type of supervision according to the developmental level of the child and the context.

- Children under age 2 are kept within sight and hearing when awake.
- When children under age 2 are napping, the provider can hear them (monitors permitted).
- Preschoolers are kept within hearing distance at all times when indoors.
- Preschoolers are kept within sight when outside.
- School-age children may be supervised indirectly as long as the provider knows where they are and checks on them regularly, e.g. a school-age child in the back yard while the provider is in the home.
- All children are provided with direct supervision during potentially hazardous activities such as using a wading pool or sand box, cooking or swimming.

7.6. Policies and procedures ensure the safe use of vehicles.

- The provider ensures that the maintenance on any personal vehicle used to transport child care children is performed according to the manufacturer's recommended schedule.
- If the provider rents a vehicle to transport children, she obtains written evidence to confirm that the vehicle is equipped and built according to *The Highway Traffic Act* and regulations and licensed and insured to transport children under the provider's care.
- Babies, toddlers, preschoolers and school-age children are not allowed to sit in the front seat.
- The provider requires that all children and adults be protected by car seats, belt positioning booster seats or a seat belt while the vehicle is in motion.

7.7. Policies and procedures ensure children's safety while using bicycles and skateboards

- Children are required to wear a helmet while riding tricycles, bicycles and using skateboards, in-line skates or similar equipment.
- Children are required to use protective gear (e.g. wrist pads) when using skateboards or in-line skates.
- Provider ensures that helmets and protective gear fit properly and are sized appropriately for each child.
- School-age children review bicycle safety prior to using bicycles away from the home (e.g. field trip, back and forth to school).

7.8. Policies and procedures protect children against sun injury and insect-borne diseases.

- Policies and procedures limit excessive sun exposure.
 - Time spent outdoors is limited between 11 am and 4 pm during the summer.
 - Children wear hats or caps with brims, and loose fitting light coloured clothing and sun glasses when outside in the sun.
 - With written parent permission, the provider uses sunscreen with children that has a sun protection factor (SPF) of at least 15 following Health Canada's recommendations.

- Policies and procedures protect children against mosquito bites.
 - Insect repellents containing DEET are not used on infants under six months of age.
 - With written parent permission, the provider applies insect repellent containing 10 percent or less of DEET to children age six months to two years once a day, avoiding the child's face and hands.
 - With written parent permission, the provider uses insect repellent containing 10 percent or less of DEET with children age two to 12 years up to three times a day, avoiding the child's face and hands following Health Canada's recommendation.
 - Sunscreen is applied at least 20 minutes before insect repellent to prevent over-absorption of DEET.

Component 3: Learning and development.

Children's well-being and their development and learning are supported and enhanced when they feel their heritage is valued, the provider is actively engaged in the children's activities, the indoor and outdoor space and materials support a variety of stimulating activities and programming is informed by on-going systematic observation.

Standard 8: The physical space, equipment and materials support quality programming.

8.1. The amount, arrangement and type of indoor space support a variety of activities.

- The provider has set up the environment so that she seldom has to restrict the children's exploration, for example, there are no valuable breakable items in the area used for child care.
- Each child has a specific space for personal belongings.
- If infants are enrolled, there is safe space for them to crawl and stand and sturdy, securely anchored furniture for children learning to walk.
- There are suitable spaces for different types of activities; for example, the kitchen is used for messy play, a family bedroom for naps, a T.V. room for quiet activities.
- There are semi-private areas where children can engage in activities alone or with another child.
- There is a place where works in progress, such as a model, can be stored so that children can return to them later.

8.2. The amount, arrangement and type of outdoor space support a variety of activities.

- The space is fully accessible to children that are enrolled.
- A variety of ground surfaces encourages different types of activities; for example, there is grass for running and group activities; hard surfaces for riding toys and tricycles; sand.
- The space has interesting features such as small hills, structures to go under, over and through.

8.3. The materials and equipment support quality programming; they:

- Encourage interaction.
- Promote exploration and experimentation.
- Provide children with opportunities to express themselves creatively.
- Reflect the lives and cultures of the community being served as well as the specific children in the program.

Standard 9: The daily program is inclusive and supports diversity.

9.1. The provider demonstrates respect for each child's culture and religion. She:

- Treats cultural and religious requirements with respect.
- Promotes and supports children's use of their home language while they are in the program.
- Regularly uses greetings and songs in the languages of children whose home language is other than that used in the program.

9.2. The provider establishes an environment where children of all races, cultures, religions, family backgrounds and ability levels are equally valued. She:

- Talks positively about each child's physical characteristics, culture and religion.
- Celebrates diversity. For example, she:

- Displays and uses materials such as books, posters and toys that show men and women, and people of different cultures, ages and abilities engaged in everyday activities.
- Incorporates things into the daily program that reflect individual children's backgrounds, for example, foods, games, books, stories, music, dances or pretend props.
- Incorporates materials about special needs into group activities whether or not there is a child with special needs in the program.
- Challenges stereotypes.

9.3. *Children with additional support needs are supported and assisted.*

- Support and assistance is provided to enable children with additional support needs to participate to their maximum potential in the daily activities. For example, the provider:
 - Facilitates the child's interaction with the other children.
 - Provides adaptive utensils if necessary.
 - Uses verbal prompts or hand-over-hand guidance as indicated.
- An individual plan (IP) is developed jointly by parents, provider and specialists, as appropriate, for each child. The IP is monitored, reviewed and amended as indicated on a regular basis.
- If there is a child with an individual plan (IP), the provider implements it as part of the daily routines and program as much as possible.

Standard 10: Children are encouraged to make choices and learn through play.

10.1. *Daily schedules provide ample time for children to engage in sustained uninterrupted play and activities of their own choosing.*

10.2. *Children have ready access to a range of open-ended play materials and equipment for self-selected activities.*

10.3. *The provider shows enthusiasm for and builds on children's play and self-selected activities. For example, she:*

- Joins in, if appropriate, by taking on a variety of roles while being careful to not dominate the activity.
- Extends children's play by offering additional materials or equipment.

Standard 11: Curriculum⁸ planning and implementation is guided by observation.

11.1. *The provider uses a variety of ways to collect and document information to inform goal setting and programming for the children.*

- Provider has conversations with children's families about their children's progress.
- Provider records written observations of children's interactions or the skill development in a specific child.
- Provider observes and documents children's interests and abilities in order to develop a program that supports and enhances the development of the children in her care.

11.2. *The provider uses the information she collects as the basis for developing goals for individual children and a written action plan.*

11.3. *The provider monitors the impact of her action plans and makes any adjustments indicated.*

Standard 12: The curriculum promotes each child's physical, emotional, social, communication, cognitive, ethical and creative development.

12.1. *The provider intentionally uses the presence of a mixed-age group as a learning experience. For example, she*

- Ensures infants can see the activities of the older children and talks with the infant about what is going on.
- Involves preschoolers in an activity with older children and assists them to observe how the older children do something and to copy what they do.

⁸ The term "curriculum" refers to an intentional plan for providing experiences and activities that promote development and learning, including opportunities for child-directed activities.

- Helps older children to understand what is realistic to expect from younger children. For example, she explains that a toddler who destroys a project is simply trying to understand, not being deliberately destructive.
- Gives older children a sense of responsibility and mastery by encouraging them to assist younger children (e.g. helping a toddler pull off mitts or boots, tie shoes or unzip jacket).

12.2. The provider intentionally uses the home and neighbourhood as learning opportunities. For example, she:

- Uses activities such as setting the table, emptying the dryer and sorting the laundry, cooking, and gardening to involve children in matching, counting, measuring and identifying sequences and talks with the children about what they are doing.
- Invites people from the community to come into the program and share their hobbies, culture or information about their job.
- Regularly takes children outside the home to expand their knowledge and understanding. For example, walks are used to explore the natural environment; children are introduced to community organizations and services such as the post office; children are given experiences such as using public transportation.
- Uses community resources, such as library story hour, a play group, an ice rink or a local child care centre to expand children's experiences.

12.3. Each child's physical well-being and development is supported and promoted.

- The provider assists children to use health practices, such as hand washing, and explains their importance in a way that children can understand.
- The provider explains safety practices to children in a way that they can understand, and assists children to use good safety practices and to develop overall safety awareness.
- Developmentally-appropriate equipment and sufficient space is available for children to engage in large-motor activities. For example, there are balls and catching mitts; a climbing frame in the garden or in a near-by regularly used play ground.
- There are toys, materials and activities that support the development of fine-motor, perceptual-motor and manipulation skills. For example, infants have toys and materials suitable for reaching, grasping and manipulating; older children have access to paints, play dough, puzzles, building blocks, or manipulation toys.
- The provider appears to be aware of the varying levels of physical competence and confidence in the children and able to determine when to offer challenge or assistance and when not to.

12.4. Each child's emotional well-being and development is supported and promoted.

- The provider is sensitive to children's emotions. For example, she recognizes fear or frustration and provides support before the child becomes distressed.
- The provider assists children to recognize and name their own feelings.
- Children are given opportunities to express their feelings and assert their wishes.
- Children's feelings are respected and wishes are accommodated when appropriate.
- The provider promotes children's self-esteem by assisting and encouraging developmentally-appropriate self-help skills and independence.
- The provider ensures that each child has the opportunity to experience a sense of competence and mastery. For example, she sets up activities where children can succeed; she encourages children to develop their unique talents.

12.5. Each child's development of social and self-regulatory skills is supported and promoted.

- The provider models desirable language and social behaviour.
- With input from children, the provider establishes simple house rules and behaviour limits and explains them clearly and in a positive way.
- Consistent rules, limits and consequences are geared to the child's developmental level and explained to each child in a way they can understand.
- Activities that involve taking turns and sharing are regularly provided for toddlers and preschoolers.
- Activities that require collaboration are regularly provided for preschoolers and older children.
- Children are coached in social problem-solving and conflict resolution skills.
- The provider uses an educative approach when a child does something that is not allowed, she explains the rule and the reason for it and suggests a more appropriate way for the child to behave in future similar situations.
- The provider uses developmentally-appropriate interventions when a child's behaviour is inappropriate.

12.6. Each child's communication and emerging literacy is supported and promoted.

- The provider communicates with each child in a style and manner, and at a pace and level, that is appropriate to the child's abilities and needs.
- The provider responds promptly and appropriately to children's efforts to communicate. For example, she responds to an infant's vocalizations by telling the child the name of something; expands a toddler's two-word sentence; engages older children in two-way conversation.
- Various opportunities are provided for children to develop their verbal and non-verbal communication skills. For example, repeating songs and finger plays are used with infants and toddlers; the provider points out differences and similarities and asks children open-ended questions; children are provided with opportunities to present their ideas and feelings through non-verbal means such as painting, using puppets, dance.
- Children have daily opportunities to be read books on a one-to-one basis or in a small group of children or to read books themselves or to each other. The provider engages them in conversations that assist them to understand and think about the story and to retell or re-enact events in stories that are read to them.
- The provider builds on children's emerging interest in print and writing in the context of meaningful activities. For example, depending on their developmental level, children are encouraged to scribble; to combine pictures and print to illustrate a field trip; to develop a shopping list.

12.7. Each child's curiosity, logical enquiry, problem-solving ability and mathematical thinking is supported and promoted.

- The provider is actively engaged with children in exploring, questioning, making inferences and developing an understanding of things in the home and the surrounding community.
- The provider assists and encourages children to problem-solve by modeling strategies, making suggestions, breaking down the components of a task into meaningful and achievable bits, asking leading questions that stimulate children's thinking.
- Children are encouraged and supported to explore, to experiment, to predict what might happen. For example, the provider guides the children in their exploration and explicitly teaches specific skills if required.
- Where safe, children are given opportunities to learn through trial and error.
- Children are engaged in activities and games that involve categorization, measuring and sequencing and assisted to understand the relationship between the characteristics of objects and symbols.
- Opportunities are provided for preschoolers and older children to collect data, for example by recording changes in the weather, and to represent and document their findings in various ways such as drawing and graphing.
- The use of passive media is limited and intentional.
 - The combined use of television, video-tapes, films and computers is limited to no more than one hour a day for each child with rare exceptions to accommodate a school-age child who is using the computer to work on a school project.
 - Alternate activities are available at times when television, films or videotapes are being used.
 - The provider pre-screens films, video-tapes and internet games to ensure that they do not include violent, sexually-explicit or stereotyped content.
 - When television, video-tapes or films are used, the provider watches them with the children and engages them in conversation about what they are seeing.
 - If the internet is used, the provider takes precautions to ensure use of the internet is appropriate.
 - Children are assisted to expand their understanding of the world through the internet.

12.8. Each child's ethical development is supported and promoted.

- The provider uses a variety of techniques, such as story time, play with puppets and dramatic play, to assist children to understand the rights of others and how their actions may affect others.
- The provider assists children to understand and respect diversity in culture, race, gender, ability and family configurations. For example, through responding factually to children's questions; by discussing similarities as well as differences.
- Children are provided with opportunities to assist others and to assume some responsibility for the environment, for example, to assist in cleaning up.
- The provider engages children in developmentally-appropriate activities and discussions that assist them to think about and reflect on ethical issues such as fairness, responsibility, authority and diversity.

12.9. Each child's creative development is supported and promoted.

- Art experiences are open-ended and child-directed.

- Music is presented in a variety of ways including singing, playing simple instruments, clapping games, playing recorded music.
- The provider encourages and supports children's efforts to try new activities, to develop their own ideas and to use materials, toys and equipment in their own ways.
- The provider shows genuine interest in and appreciation of children's creative expression. She focuses on the process and children's descriptions of what they are doing and does not show a preference for things that are realistic or pretty.
- Children's work is displayed at child eye level throughout the area used for child care.

Component 4: Management.

High quality programming requires a program philosophy to guide practice, knowledgeable leadership, competent management of financial and human resources, and procedures that are responsive to the needs of the children and their families.

Standard 13: The provider exhibits a professional attitude towards her work.

13.1. The provider actively engages in ethics workshops, and discussions of ethics and professionalism

- The provider has completed all parts of the Manitoba Child Care Association's ethics workshops.

13.2. The provider has a written program philosophy.⁹

13.3. The provider takes responsibility for her professional growth.

- On an annual basis, she reflects on her practice, identifies where she needs to obtain additional knowledge or skills and develops an achievable professional development plan.
- She completes 24 hours of professional development¹⁰ each year over and above what is required to renew her first aid and CPR certification.
- When indicated, she consults with experts to gain specific information, for example, how to work with a child who has special needs.

13.4. The provider belongs to, and actively participates in, a local provider network, where available.

13.5. The provider belongs to the Manitoba Child Care Association, or another professional association related to children/childcare.

13.6. The provider takes steps to maintain current information about municipal and provincial government policies and requirements that may impact on her child care program.

Standard 14: Program management and administration is effective and supports the provision of high-quality child care.

14.1. The day-to-day operation of the program is guided by written policies and procedures.

- All people working in the child care home are familiar with, understand, and comply with the program's policies and procedures.
- All people working in the child care home are informed about all changes to policies or procedures, and families about changes that impact on them or their children, before a change takes effect.

14.2. Records required for the effective and responsive delivery of the program are accurate, complete and current. They include:

- A file for each child that includes observations about the child's progress, developmental goals for the child and summaries of conversations with the family.

⁹ A program philosophy is a statement of the program's values that serves to guide how the program is delivered. For example, a program philosophy statement might include a commitment to the development and maintenance of a collaborative relationship with each family.

¹⁰ Professional development refers to a range of experiences undertaken to enhance existing skills or knowledge, e.g. reading written resource materials or viewing a child-care related video, attending a workshop or taking a college/university course related to child care, engaging as a protégé in a formal mentoring arrangement with a more experienced practitioner.

- A personnel file for each person working in the child care home that includes their experience working with children, evidence of any child care training they have completed, their job description, their employment contract and their annual performance evaluation.

14.3. There is a reliable system of record storage, retrieval and disposal that protects the confidentiality of information on children, families, and other people working in the child care program.

- The provider restricts the information she collects on others to that necessary for the effective provision of a high quality program.
- The provider explains why the information is needed when asking someone for personal information.
- The provider informs people from whom she collects personal information that they can access their record and correct inaccurate or misleading information.
- Records containing personal information are kept under lock and key unless actually in use or safeguarded from access by others if stored in a computer.
- The provider's method of disposing of old records protects confidentiality, for example, by the use of shredding.

14.4. The provider manages the financial resources of the family child care program so that they are used effectively.

- The provider develops an annual operating budget for the program.
- The provider has effective procedures for tracking income and expenses on an on-going basis.
- The provider reviews her operating budget, income and expenses on a quarterly basis and takes corrective action if indicated.
- The provider seeks information about possible sources of other funding, such as government grants, and accesses them where appropriate.
- The provider keeps all her receipts for expenses directly connected with the child care program.

Standard 15: The management of human resources supports the provision of high quality child care.

15.1. Human resource policies, procedures and practices set the stage for quality programming.

- There is a written job description that defines the roles, duties and responsibilities of each employee, i.e. substitute or person hired with a grant from the Children with Disabilities Program.
- All people who work in the child care home have completed an Investigation Authorization.
- All people who work in the child care home have completed a 40 hour Introduction to Family Child Care, Emergency First Aid and CPR.
- Their job description is reviewed with each person at the time of hiring and annually thereafter.
- There is a written contract with each employee.
- Each new person is given a pre-service orientation that includes a review of the provider's program philosophy, daily routine, emergency procedures and her confidentiality, supervision and behaviour management policies.
- Training related to policies and procedures is provided for people working in the child care home.
- A copy of the City of Winnipeg's *Guide to a Healthy Child Care Environment* is easily accessible to all people working in the program at all times.
- Each person working on a regular basis in the home has an annual performance evaluation based on their job description and previously established professional developmental goals where they exist: The process includes each of the following:
 - A discussion with the individual about her areas of strength and areas that need attention
 - An opportunity for the individual to challenge what is in the evaluation.
 - The establishment, with the individual, of professional development goals for the coming year.
 - The provision to the individual of a copy of her performance evaluation.
- A process exists to address the issue, should it arise, of un-safe or un-desirable practice by non-employees who are working directly with children in the home while they are under the care of the provider, e.g. an employee from another agency.

15.2. The provider's practices support work satisfaction and worker retention.

- There is a secure place for the personal belongings of each non-family member working in the program.
- The provider works collaboratively with others working in the home to develop and implement the daily programming.
- People working in the home are given opportunities to have input into the development or amendment of policies and procedures that affect their daily work.

15.3. *The provider encourages substitutes to engage in professional development.*

- The provider shares educational materials, such as child care journals and books on child development, with people working in the home (e.g. regular substitutes or individuals hired under the Children with Disabilities Program).
- The provider informs people working in the home of any up-coming educational opportunities in the community.

Component 5: Community relationships.

The ability of the family child care home to be responsive to the needs of the children and families it serves is enhanced when it has collaborative relationships with other child and family services.

Standard 16: The provider is actively involved in the broader community.

16.1. *The provider is aware of and, with the consent of the child's family, uses other community resources to provide stimulating experiences for or to meet the needs of the children in her program.*

16.2 *The provider networks with other family child care providers and children's services in the community.*

16.3. *The provider responds promptly to requests for information about her program or expressions of concern by members of the community.*

Component 6: Quality Maintenance and enhancement.

Because our understanding of best practices is constantly evolving as new knowledge emerges, and the needs of the community shift as a result of demographic and socio-economic changes, a family child care home can only maintain and enhance its quality through on-going monitoring of its services and making adjustments as indicated.

Standard 17: On-going monitoring of the extent to which the service is meeting clients' needs supports the maintenance and enhancement of quality.

17.1. *The provider actively seeks the views of families and school-age children on an on-going basis to determine the extent to which the program is meeting their needs*

- Provider may seek feedback through means such as conversations, a suggestion box, or an annual satisfaction questionnaire.

17.2. *The provider keeps informed about changes in the needs of community families, for example, resulting from an increased incidence of shift work.*

17.3. *The provider periodically reviews her statement of program philosophy and her policies and procedures and amends them as necessary.*

Documents that informed the development of the family child care standards

Alberta Child Care Accreditation Program. (2004). *ACCAP quality standards with indicators for family child care agencies*. Edmonton: Author. Available on line at: www.abccaccred.org. Retrieved November 9, 2005.

Canadian Child Care Federation. (2000). Standards for quality child care programs. In *Tools for administrators in child care settings*. Ottawa: Author. Pages 2 – 16.

Canadian Child Care Federation. (2000). Standards of practice for administrators/directors of child care programs. In *Tools for administrators in child care settings*. Ottawa: Author. Pages 18-23.

Canadian Child Care Federation (2000-2001). *Family child care training program*. Level 2: Unit 5, "Meeting children's needs in a multi-age group" and Unit 7, "Developing the caregiver's observation skills;" Level 3: Unit 8, "Financial planning and management" and Unit 9, "The ethics of caring." Ottawa: Author.

City of Winnipeg. (2003). *Guide to a healthy child environment, 2nd edition*. Winnipeg: Author.

Doherty, G., and Dunster, L. (2000). Guide to self-reflection for practitioners in child care settings. Sections D and E. In *Tools for practitioners in child care settings*. Ottawa: Canadian Child Care Federation.

Manitoba Child Care Program. (undated). *Competency standards for family child care providers*. Winnipeg: Author.

Manitoba Child Care Program. (January, 2006). *Preliminary draft, Best practices manual for family child care homes*. Winnipeg: Author.

National Association for Family Child Care. (2005). *Quality standards for NA accreditation*. Salt Lake City, Utah: Author. Available on line at: <http://www.nafcc.org/accreditation/accredstandards.asp>. Retrieved November 7, 2005.

National Childcare Accreditation Council Inc. (2004). *Family day care quality assurance quality practices guide, 2nd edition*. Surry Hills, Australia: Author. Available on line at: http://www.ncac.gov.au/fdcqa_translations/fdcqa_qpg_english.PDF. Retrieved October 16, 2005.