

Pascua Yaqui Tribe  
Childcare Feasibility Study  
Final Report  
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## Acknowledgements



Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

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## Executive Summary

For over 20 years, members of the Pascua Yaqui Tribe have been pursuing the development of a tribal daycare program to meet the needs of families who live or work in New Pascua on the Pascua Yaqui reservation. In May of 2014, New Pascua was home to 399 tribally enrolled children ages 0-5 as well as additional young child residents not tribally enrolled. The need extends additionally to young children of parents who do not reside in New Pascua but are employed in tribal government or at the casino/resort located there. A Head Start program initiated on the Pascua Yaqui reservation in 1984 has not been sufficient to fulfill the still evident need for childcare for the young children of reservation residents and tribal employees. With funding from First Things First, LeCroy & Milligan Associates was hired in 2014 to undertake a study of community support for a Childcare Center on the Pascua Yaqui reservation. The study also sought to gather details about community childcare needs for both young children and school-age children, including current out-of-home childcare usage and the types of barriers that parents and caregivers currently face in their day to day efforts to locate care for their children.

Two surveys were collected to gather details about community childcare needs, including current out-of-home childcare usage and barriers that parents/caregivers face in their day to day efforts to locate care for their children. A paper survey was collected from 184 individuals attending the Recognition Day Ceremony in September, 2013, including 88 respondents who reported residing in New Pascua and caring for at least one child age 0-12. An on-line survey, which also gauged interest in a Childcare Center on the reservation, was collected from 193 New Pascua residents as well as individuals working there in tribal government or at the casino/resort, including 139 respondents who reported caring for at least one child age 0-12. To investigate community interest in a tribal Childcare Center in greater detail, an interview was also collected from 34 individuals from a representative spectrum of the Pascua Yaqui community with a strong personal and/or professional stake in a community Childcare Center.



Both paper and on-line survey respondents recognized many considerations in choosing a childcare provider as very important, especially reliability/consistency of the provider, child safety, and a nurturing environment. Paper survey respondents considered several barriers that parents/caregivers face in choosing a childcare provider/center to be important, particularly affordability. Online survey respondents considered several barriers that parents/caregivers face in choosing a childcare provider/center to be important, particularly inconvenient hours and transportation issues. Other common barriers identified by on-line survey respondents included finding a safe, clean setting; finding a provider you trust; location; and finding a provider with trained, experienced staff.

The on-line survey and the interview gauged interest in a Childcare Center on the reservation. A nearly universal desire for a tribal Childcare Center that can respond to these considerations and barriers was extremely evident across both on-line survey and interview respondents. All 193 on-line survey respondents indicated that they felt a childcare facility is needed on the Pascua Yaqui reservation. For those who provided further details about why they felt it was needed, the most common reasons were: 1) that it would allow parents/caregivers to work and 2) that proximity to work and home would be more convenient/alleviate the transportation challenges that many members of the tribal community face. Support for a Childcare Center was also very high among interview respondents, with all but one parent/caregiver respondent indicating that a Childcare Center would help meet their personal childcare needs, all but one professional respondent reporting that a Childcare Center would help meet their professional childcare needs, including the needs of their clientele, and all but one of all 34 respondents reporting that a Childcare Center would help meet community need (the final respondent supporting a Center but contingent on it being fully integrated with other services).

Interview respondents identified many ways in which a Childcare Center would benefit tribal members and the tribe as a whole. Parenting respondents reported potential benefit through:

- educational activities for children that may not be available in home care settings,



- the proximity, which would help solve transportation issues faced by many families on the reservation,
- a greater sense of security and more confidence that their child was safe, and
- support in the development of children's social skills.

Professional respondents described how a Childcare Center could address:

- the great need in the community created in part by a high number of single parents/caregivers and an inadequate number of home-based providers,
- difficulty relying on in-home providers,
- special hours that childcare is needed in the community (where late work hours are common),
- the gaps that Head Start is unable to fill, and
- needs of foster parents.

Regarding its potential to benefit the tribe as a whole, interview respondents indicated that a Childcare Center could:

- address a shortage of other options; feature characteristics better designed to benefit the children of the community,
- feature characteristics that benefit parents/caregivers of the tribal community,
- feature characteristics that are specifically suited to the needs of the tribal community - e.g., Yaqui language and culture,
- address the needs of specific populations - e.g. children with special needs - within the tribal community, and
- change current cultural expectation around care that may not always benefit the tribe such as the childcare role of grandparents.

Tribal members who participated in the on-line survey reported on features they would like to see in a Childcare Center. The majority of parents/caregivers of children ages 0-12 who responded to the on-line survey,



both New Pascua residents and those who did not live on the reservation, desired a program on the reservation that included all day childcare, including afterschool care. Also desired by a notable percentage of on-line survey respondents was 24/7 childcare available day and night, 7 days a week (24%), a finding that was not surprising given that fairly high number of parents/caregivers of at least one child ages 0-12 indicated that they currently utilize or need childcare between 5:00 p.m. and 6:00 a.m. The most common suggestion for services not specifically asked about in the on-line survey was care for special needs children. Interview respondents, who had the opportunity to identify more specific childcare features, also indicated that they would like to see: a Learning Center with classrooms for infants, toddlers, and preschool-age children; trainings and workshops for parents/caregivers and the community of learners; and Before and Afterschool care for ages 3-5 and 24-7 childcare for ages 0-12. Of least interest to interview respondents was round-the-clock or 24/7 Childcare for older children (ages 13-17).

Both paper and on-line survey respondents reported having responsibility for children; 88 paper survey respondents reported residing in New Pascua and caring for at least one child age 0-12 and 139 on-line survey respondents (who typically either lived or worked in New Pascua) reported that they were responsible for at least one child between ages 0-12. Although the tribal enrollment status of children was not distinguished in the paper survey, 95 on-line survey respondents reported that they were responsible for at least one tribally enrolled child and 63 on-line survey reported that they were responsible for at least one child who was not enrolled in the Tribe.

Forty-three percent of paper survey respondents who reported residing in New Pascua and caring for at least one child age 0-12 indicated that they were currently using or in need of childcare services (n=38 of 88). By far the most common reason was the parent/caregiver needing to work and a majority reported that they work full time. Most parents and caregivers who responded to the on-line survey, primarily parents but also a substantial number of grandparents, were in need of childcare services. Eighty percent of on-line survey respondents caring for at least one child age 0-12 indicated that they needed childcare services (n=111 of 139). By far the most common reason was the parent/caregiver needing to work and a majority reported that they work full time.



The demand for childcare appears to be great. Parenting respondents to the on-line survey reported that few children, both tribally enrolled and not, were cared for exclusively in their own homes. Current usage included family/friend care as well as more formal settings such as licensed family care homes, licensed centers, and preschools (including Head Start), especially for children under 6 year of age. The immediate need for more childcare options has been documented by the tribe and is evident in Needs Assessments conducted through First Things. The majority of on-line survey respondents, including parents/caregivers and others, reported that their childcare needs were less than well met and parenting respondents reported immediate need for 84 children ages 0-2, 48 children ages 3-5, and 59 children ages 6-12.

Some, but not enough, childcare programming is currently available for children on the reservation. Preschool programming is available for 141 3-5 year olds through the Ili Uusim Mahtawapo Head Start Program, and afterschool care is available for 7-18 year olds through the Boys and Girls Club, which serves approximately 100 children daily; however current childcare programming does not fill all the gaps in need. Remaining gaps include all day, year-round care for very young children ages 0-2; afterschool, holiday, and summer care for preschoolers in Head Start; all day, year-round early learning for preschoolers who are on the waiting list or do not qualify for Head Start; afterschool care for school-age children who are too young for Boys and Girls Club or require a higher level of supervision and monitoring; holiday care for all school age children; and evening, weekend, and overnight care for all age ranges.

Based on the results of the survey and interview, the following recommendations are offered:

- 1. A Pascua Yaqui Childcare Center Should be Pursued Based on Universal Support.** There was nearly universal support for a new Childcare Center from both survey and interview respondents. There is insufficient childcare available through home-based providers and other local programs to meet the community need.
- 2. A Pascua Yaqui Childcare Center Should Include Services for Children Ages 0-5 and Collaborate with Ili Uusim Mahtawapo.** A Learning Center for children 0-5 was supported by all interview respondents. The current need is not fully met by Ili Uusim Mahtawapo, the Head Start program, which does not currently serve



ages 0-2, does not provide programming for the entire workday or work week, is operating at full capacity with a waiting list, and has enrollment qualifications. Ili Uusim Mahtawapo is seeking to expand its service provision to ages 0-2.

- 3. The Design of a Pascua Yaqui Childcare Center Should Incorporate Core Elements of High Quality Childcare Programming.** The Pascua Yaqui Tribe already recognizes the importance of high quality programming for its young children, as demonstrated by their long-standing commitment to Ili Uusim Mahtawapo, the Head Start program. The design of a Pascua Yaqui Childcare Center should incorporate core elements of high quality childcare programming using models such as EduCare, Head Start, and NAEYC and Quality First standards.
- 4. A Pascua Yaqui Childcare Center Should Include Before and Afterschool Care for Ages 3-5.** Ili Uusim Mahtawapo, the Head Start program, operates only from 8:00 a.m.-2:00 p.m., four days a week, resulting in gaps in care needed by working parents/caregivers of these children. The majority of survey respondents parenting children ages 0-12, both New Pascua residents and those who did not live on the reservation, desired a program on the reservation that included all day childcare, including afterschool care. There was nearly universal support by interview respondents for Before and Afterschool care for ages 3-5.
- 5. A Pascua Yaqui Childcare Center Should Include 24-7 Care for Ages 0-12.** There was nearly universal support for 24-7 childcare for ages 0-12 by interview respondents. The majority of parenting on-line survey respondents desired a program on the reservation that included all day childcare, including afterschool care, with an additional substantial minority specifically desiring 24-7 or overnight and weekend care. The need created by parents/caregivers working late hours at the casino was recognized.
- 6. A Pascua Yaqui Childcare Center Should Include Afterschool Programming for Ages 6-12.** Afterschool activities are available for ages 7-18 through the Boys and Girls Club, although child attendance is not monitored and the play area is not under program control; the



Wellness Center is also seeking to provide afterschool programming. There are still many gaps to be filled, including afterschool care for young children or children whose parents/caregivers desire monitoring of attendance.

- 7. The Budget for a Childcare Center Should Recognize Costs Associated with Start-up and Ongoing Maintenance and Should Integrate Multiple Financial Resources.** The costs of start-up and maintenance of high quality childcare can be high but pursuit of diverse financial resources such as Head Start/Early Head Start funding, local and state preschool and/or 0-3 funding (e.g. First Things First/Quality First), and Arizona DES subsidies can help offset the contribution of parents and the tribe.



## Background

### *Purpose of the Report*

For over 20 years, members of the Pascua Yaqui Tribe have been pursuing the development of a tribal daycare program to meet the needs of children and families on the Pascua Yaqui reservation. A Head Start program initiated on the Pascua Yaqui reservation in 1984 has not been sufficient to fulfill the still evident need for childcare for the children of reservation residents and tribal employees. In 2008, New Pascua became recognized as its own region within First Things First (FTF), which allowed the community to receive FTF funding to target early childhood services for children 0-5 who reside in New Pascua. With funding from FTF, LeCroy & Milligan Associates was hired in 2014 to undertake a study of community interest in a Childcare Center on the Pascua Yaqui reservation (New Pascua Pueblo). The study also sought to better understand community childcare needs of parents and caregivers who live or work in New Pascua, including current out-of-home childcare usage and the types of barriers that parents and caregivers currently face in their day to day efforts to locate care for their children.

### *History of the Pascua Yaqui Tribe*

The Pascua Yaqui tribe has long resided in northern Mexico and Arizona but did not become a tribe recognized by the United States government until fairly recently. Lands were first transferred to the tribe in 1964, it became federally recognized in 1978, and it received historic status in 1994. The New Pascua Pueblo, the 1,820-acre reservation located in a southwestern area within Tucson City limits, is one of eight Pascua Yaqui communities in Southern Arizona. It operates two casinos, Casino of the Sun built in 1994 and Casino del Sol Resort built in 2001; these facilities are enterprises of the tribe and employ a significant number of tribal community members.

Social challenges currently facing the Pascua Yaqui community include economic disadvantage, substance abuse issues, high rates of teen parents, and high rates of CPS involvement with families, including out-of-home placement of children.



### *Demographics of the Community, Children and Families*

In 2010, the total population of the Pascua Yaqui reservation was 3,848 according to the 2010 U.S. Census. Many households have children under 18 and female-headed households with children are disproportionately high on the Pascua Yaqui reservation. According to the Demographic Profile for Pascua Yaqui updated by the Arizona Rural Policy Institute (ARPI, 2010), basing its estimates on the U.S. Census, in 2010, of 804 households, 528 households had children under 18. Of these 528 households with children, 52% had females as the head of household, and only 33% were married couples. (See Exhibit 1). The median household income for the Pascua Pueblo in 2010 was \$22,270.

*Exhibit 1. Household makeup for families with children under 18 according to ARPI's 2010 Demographic Profile*

|                                       | <b>Number of households</b> | <b>Percentage of Pascua Yaqui family households with children under 18 (n=528)</b> | <b>Percentage of total Pascua Yaqui households (n=804)</b> |
|---------------------------------------|-----------------------------|--|--|
| Husband-wife                          | 174                         | 33%  | 22%  |
| Female householder no husband present | 276                         | 52%  | 34%  |
| Male householder, no wife present     | 78                          | 15%  | 10%  |

According to the Tribe's Enrollment Department<sup>1</sup> as of May, 2014, there were 1,571 children who were tribally enrolled and living on the Pascua Yaqui reservation, including 150 children ages 0-2, 249 children ages 3-5, 695 children ages 6-12, and 477 children 13-17 (see Exhibit 2). This number does not include children who were not tribally enrolled (either because they do not meet the quantum minimum or because they are not of Pascua Yaqui heritage) but who reside on the reservation. Further guidance is available from the 2010 Demographic Profile for Pascua Yaqui, which, basing its totals

<sup>1</sup> Email from John Jensen on 5-29-14



on the U.S. Census, reported that there were 1,313 children under the age of 18, undistinguished by enrollment status, living in New Pascua, 34.6% of the total population (See Exhibit 3); although this total number is lower than the 1,571 of tribally enrolled children reported by the Tribal Enrollment Division in 2014 (See Exhibit 2), both estimates point to a substantial number of children ages 0-12 being cared for on the reservation. Other children who might benefit from a Childcare Center on the reservation include 869 children who are tribally enrolled but reside in greater Tucson (see Exhibit 2).

*Exhibit 2. Tribally enrolled children living on the Pascua Yaqui reservation according to the tribe's Enrollment Division*

| <b>Age Groups</b>        | <b>Number of children tribally enrolled and living on the PY reservation</b> | <b>Number of children tribally enrolled but living in Greater Tucson</b> |
|--------------------------|--|--|
| Number of children 0-2   | 150  | 72   |
| Number of children 3-5   | 249  | 109  |
| Number of children 6-12  | 695  | 389  |
| Number of children 13-17 | 477  | 299  |
| <b>Total</b>             | <b>1,571</b>   | <b>869</b>   |



*Exhibit 3. Age distribution of all children under 18 living on the Pascua Yaqui reservation regardless of tribal enrollment status, according to 2010 Demographic Profile,*

| <b>Age of children</b> | <b>Number of children in the age group</b> |
|------------------------|--|
| 0-2 years old          | 234  |
| 3-5 years old          | 236  |
| 6-12 years old         | 490  |
| 13-17 years old        | 353  |
| <b>Total</b>           | <b>1,313</b>                               |

According to the 2010 Demographic Profile for Pascua Yaqui, of 1,313 children under the age of 18 living in New Pascua, 425 children were living in a structure where a grandparent was the householder, with 342 of these children under the age of 12.

### ***Childcare Resources***

According to Rosie Gutierrez of Pascua Yaqui Social Services, in September of 2014, the Pascua Yaqui had 14 Family Home Providers in New Pascua providing child care subsidized by the tribe and there was no waiting list for children needing care through this resource.<sup>2</sup> All providers are certified/licensed through the tribe by a common licensing process and can provide care for up to five children (or four if one or more is an infant. Parent/guardians can only qualify for subsidized childcare for tribally enrolled children. Additionally they must meet low income requirements. Thirty-six children were receiving subsidized childcare by Family Home Providers in September of 2014<sup>3</sup>. An unspecified number of families also receive subsidized non-certified relative provider (NCRP) childcare through DES.

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<sup>2</sup> Email correspondence May 28, 2014 and September 15, 2014.

<sup>3</sup> Email correspondence September 15, 2014.



There are no licensed Childcare Centers on the Pascua Yaqui reservation. According to Quality First, the nearest quality preschool facility is the PACE program at Johnson Elementary School, located 2.3 miles from the reservation, which has one preschool classroom for 3-5 year olds; this preschool has a 3-star (meets quality standards) rating. Mi Casita Childcare, which has the capacity to serve seven children 0-5 years old, is located 1.25 miles from the reservation and has a 2-star (approaching quality standards) rating. De Colores Learning Center and Childcare, which has the capacity to serve up to 59 children 0-5 years old, is located 1.2 miles from the reservation; this program is not rated by Quality First.

### *Schools*

According to Peter Guerrero, Director of Education for the tribe, elementary school-age children living on the reservation typically attend schools operated by Tucson Unified School District (TUSD) that are closest to the reservation, including Johnson, Miller, Vesey, Warren and White. Exhibit 4 illustrates the number of Pascua Yaqui children who attended each of these schools in the 2013-14 school year according to TUSD.

*Exhibit 4. Number of Pascua Yaqui students attending TUSD schools near the reservation.*

| <b>School level</b> | <b>School</b> | <b>Number of Pascua students in 2013-14<sup>4</sup></b> |
|---------------------|---------------|---|
| Elementary          | Johnson       | 160   |
|                     | Miller        | 43  |
|                     | Vesey         | 22  |
|                     | Warren        | 26  |
|                     | White         | 38  |

<sup>4</sup> These numbers may also include some Pascua Yaqui children who reside off the reservation.



| School level | School   | Number of Pascua students in 2013-14 <sup>4</sup> |
|--------------|----------|---|
| Middle       | Valencia | 56  |
|              | Pistor   | 49  |
| High         | Cholla   | 108   |

Middle school-age children living on the reservation also typically attend schools operated by TUSD that are closest to the reservation, including Valencia and Pistor. Exhibit 4 illustrates the number of Pascua Yaqui children who attended each of these schools in the 2013-14 school year according to TUSD. The nearest middle school, Hohokam Middle School, was closed in 2013 by TUSD for underperformance.

Some high school-age children living on the reservation attend high schools operated by TUSD, including Cholla High School, which is the closest TUSD high school to the reservation. Exhibit 4 illustrates the number of Pascua Yaqui children who attended Cholla in the 2013-14 school year according to TUSD. In addition, approximately 70 high school students attended Hiaki High School on the reservation.

### *Community Resources*

Several facilities currently exist on the Pascua Yaqui Pueblo to serve community members, including a charter high school (Hiaki High School), a Senior Center, a Wellness Center, a Head Start facility (Ili Uusim Mahtawapo), and a Boys and Girls Club. These facilities have been built and are operated under combinations of grant and tribal funds. All of these buildings are permanent structures with the exception of the Boys and Girls Club, which resides in a modular building. Detailed information about childcare and child supervision resources currently available in the Pascua Yaqui community: Family Home Providers, Ili Uusim Mahtawapo, the Boys and Girls Club, and the Wellness Center, can be found below and in Appendix 1.



## Methods

### *Surveys*

To investigate community childcare usage, childcare needs, and barriers for parents and caregivers, two surveys were collected, a paper survey and an on-line. The on-line survey also investigated interest in a Childcare Center.

*Paper survey.* A paper survey was developed in collaboration with Pascua Yaqui Social Service staff and collected from 184 individuals at a Recognition Ceremony in September of 2013. The paper survey questions reflect current childcare usage, needs, and barriers to childcare for respondents. Quantitative data was analyzed using SPSS Statistics. Qualitative data was content-analyzed for common themes.

Of 184 respondents to the paper survey, 108 reported what tribal community they live in. Of those reporting, the majority reported living in New Pascua (n=95, 88%) (See Exhibit 5).

*Exhibit 5. Communities where paper survey respondents live (n=108)*

| <b>Community</b> | <b>Number in the community</b> | <b>Percent of total respondents</b> |
|------------------|--------------------------------|-------------------------------------|
| New Pascua       | 95                             | 88%                                 |
| Old Pascua       | 6                              | 6%                                  |
| Barrio Libre     | 5                              | 5%                                  |
| Yoem Pueblo      | 2                              | 2%                                  |

Of 184 paper survey respondents, 173 (94%) reported that they were responsible for at least one child between ages 0-12. For those who reported living in New Pascua, 93% (88 of 95) reported being responsible for at least one child between ages 0-12. See Exhibit 6.



*Exhibit 6. Number of paper survey respondents caring for at least one child 0-12 years.*

| <b>Community</b>                         | <b>Number caring for at least child 0-12</b> | <b>Percent of respondents from the location</b> |
|--|--|---|
| New Pascua residents                     | 88 (of 95 respondents)                       | 93%   |
| Residents of other PY communities        | 12 (of 13)                                   | 93%   |
| Respondents who did not report residency | 73 (of 76)                                   | 96%   |
| <b>Total</b>                             | <b>173 (of 184)</b>                          | <b>94%</b>                                      |

*On-line survey.* An on-line survey was also developed in collaboration with Pascua Yaqui Social Service staff. Tribal Social Service staff identified the populations, from which the on-line survey would be collected, particularly targeting community populations who were likely to have opinions about a Childcare Center, either personally or as community members. The on-line survey, with minor modifications made depending on population, was collected from employees of the casino, employees of the resort, governmental employees, and parents/caregivers participating in the Center for Employment Training programming. On-line survey questions reflect opinions about a Childcare Center and childcare barriers for parents, in addition to current childcare usage and needs. A sample of the on-line survey questions can be found in Appendix 2. Quantitative data was analyzed using SPSS Statistics. Qualitative data was content-analyzed for common themes.

The on-line survey was collected between October, 2013 and June, 2014 from 251 individuals. Of these, 57 completed a version of the on-line survey that instructed those who did not have childcare needs not to answer further questions, reported they did not have childcare needs, and did not respond beyond the initial question. Hence, 193 individuals filled out the full on-line survey.



Of 193 respondents to the on-line survey, 192 reported what tribal community they live in. The majority of respondents reported living in New Pascua (n=106, 55%) (See Exhibit 7). Given the on-line survey collection strategy of targeting staff who work on the reservation, either in tribal government or at the casino/resort, it is likely that a high proportion of those who reported living in other tribal communities or elsewhere (n=86, 45%) work on the reservation.

*Exhibit 7. Communities where on-line survey respondents live (n=192)*

| <b>Community</b> | <b>Number from the Community</b> | <b>Percent of total respondents</b> |
|------------------|----------------------------------|-------------------------------------|
| New Pascua       | 106                              | 55%                                 |
| Old Pascua       | 8                                | 4%                                  |
| Barrio Libre     | 5                                | 3%                                  |
| Yoem Pueblo      | 1                                | 1%                                  |
| Other            | 72                               | 38%                                 |

In contrast to the paper survey, on-line survey respondents were asked about tribally enrolled children and non-tribally enrolled children separately. Of 193 survey respondents, 139 (72%) reported that they were responsible for at least one child between ages 0-12, either tribally enrolled or non-tribally enrolled. See Exhibit 8.



*Exhibit 8. Number of on-line survey respondents caring for at least one tribally enrolled or non-tribally enrolled child 0-12 years old.*

| <b>Community</b>               | <b>Number caring for at least one child 0-12</b> | <b>Percent of respondents from the community</b> |
|--------------------------------|--|--|
| New Pascua residents           | 79 (of 106 respondents)                          | 75%  |
| Residents of other communities | 60 (of 86)                                       | 70%  |
| <b>Total</b>                   | <b>139 (of 193)</b>                              | <b>72%</b>                                       |

**Reporting survey results.** The content of the paper survey overlapped somewhat with the on-line survey; however, these surveys differed, both in content and in target recipients, in ways that preclude reporting on results in a combined fashion. Throughout the report, results from both surveys will be provided when they cover the same content areas; however, results may be organized differently to accommodate differences in information that was provided by each of the two surveys. For example, the paper survey was targeted at tribal members and associates more generally while the on-line survey targeted governmental employees and employees of the casino/resort and respondents who did not reside in New Pascua are nevertheless likely to use a childcare facility on the reservation. In recognition of this distinction between the two surveys target populations, results from the on-line survey will often represent data from both New Pascua residents and those residing off the reservation while results from the paper survey will typically focus on data from those most likely to take advantage of a childcare facility on the reservation: New Pascua residents.

**Limitations of survey results.** The survey results provide a useful gauge of the desire for a Childcare Center by parents, caregivers and the community, as well as what types of childcare might be utilized, by how many, and at what ages there is substantial need. It is important to recognize, however, that the survey was not collected using methods that would allow results to be reliably generalized to the community as a whole and results may not represent the



opinions of the community as a whole. Further the numbers provided in the survey rely on a shared interpretation of the terms used (e.g., “Licensed Center”); they may underestimate or overestimate actual current childcare utilization and potential usage of a Childcare Center.

### *Interviews*

To investigate community interest in a Childcare Center in greater detail, a semi-structured interview was developed in collaboration with Pascua Yaqui Social Service staff. A sample of the survey questions can be found in Appendix 3.

A representative spectrum of the Pascua Yaqui community with a strong personal or professional stake in a community Childcare Center was identified, including:

- Working parents/caregivers with children in Head Start
- Parents/caregivers working at the casino
- Parents/caregivers working for tribal government
- Parents/caregivers working off the reservation
- Parents/caregivers participating in the TANF program
- Foster parents
- Family-based home childcare providers
- Other professional working directly or indirectly with children (e.g., Social Service staff, Prosecutor’s Office staff)

Individuals were identified in each category and invited to participate in interviews. At least one member of each category was interviewed, with the majority being conducted in person and a minority being conducted by phone.

All members of the Tribal Council and of the Council of Elders were invited to be interviewed. Participants at the Senior Center were also invited to participate. Six members of the Tribal Council, two member of the Council of Elders, and two participants at the Senior Center agreed to be interviewed and were interviewed.



Detailed notes were taken by the interviewer during the interview. In-person interviews were also tape-recorded with participant permission. A total of 34 individuals participated in a semi-structured interview. Respondents included nine parents/caregivers, 15 professionals working directly or indirectly with children, and 10 others. Each interview lasted between 30-60 minutes.

Quantitative data was analyzed using Excel. Qualitative data was content-analyzed for common themes.



## Childcare Considerations and Barriers for Parent/Caregivers

### *Results from the Paper Survey*

#### **Important Considerations in Choosing a Childcare Provider.**

Respondents to the paper survey reported on the relative importance of considerations in choosing a childcare provider, rating specific considerations on a scale from “very important” to “not very important.” Although these questions were asked of all respondents, without regard to whether these were considerations for the respondent, fewer than half of paper survey respondents, between 63 and 70 of 184 paper survey respondents (34-38%) answered these questions. Respondents who answered these questions recognized all of the listed considerations important but especially child safety, provider reliability, and a nurturing environment. (See Exhibit 9). These priorities were similar to those in the subset of respondents who reported being responsible for at least one child ages 0-12 and living in New Pascua, although affordability was also of great importance to this subset. 100% of those who reported being responsible for at least one child ages 0-12 and living in New Pascua rated child safety as “very important.” (See Exhibit 9).

*Exhibit 9. Percentage of paper survey respondents reporting that specific considerations in choosing childcare are “very important”*

| <b>Considerations</b>  | <b>Percent of all respondents</b> | <b>Percent of those caring for at least one child 0-12 and living in New Pascua</b> |
|--|-----------------------------------|---|
| Child will be safe   | 97% (of 67 respondents)           | 100% (of 40 respondents)  |
| Provider is reliable/consistent                                | 95% (of 63)                       | 97% (of 38)   |
| Provider has a nurturing environment                           | 94% (of 70)                       | 98% (of 42)   |
| Affordability  | 92% (of 65)                       | 98% (of 40)   |
| Care arrangements are flexible for parents/caregivers          | 92% (of 65)                       | 95% (of 37)   |
| Provider is able to prepare child to enter school/kindergarten | 89% (of 65)                       | 90% (of 39)   |



### **Barriers that Parents/Caregivers Face in Choosing a Childcare Provider.**

Paper survey respondents reported on barriers in choosing a childcare provider or center that are faced by community parents/caregivers, rating specific barriers on a scale from “very important” to “not very important.” As with the questions about considerations, fewer than half of paper survey respondents answered the questions about barriers. For those who responded, reported being responsible for at least one child age 0-12 and living in New Pascua, the barrier listed as “very important” by the most respondents was affordability (98%, 41 of 42). (See Exhibit 10).

*Exhibit 10. Weight of barriers to choosing childcare for paper survey respondents parent/caring for children 0-12 and living in New Pascua.*

| <b>Barriers (number of respondents)</b> | <b>Very important</b> | <b>Somewhat important</b> | <b>Not very important</b> |
|---|-----------------------|---------------------------|---------------------------|
| Affordability (n=42)                    | 98%                   | 2%                        | 0%                        |
| Quality is not good (n=38)              | 87%                   | 13%                       | 0%                        |
| Hours not convenient (n=39)             | 82%                   | 18%                       | 0%                        |
| Lack of available center (n=39)         | 80%                   | 13%                       | 8%                        |
| Transportation issues (n=43)            | 79%                   | 19%                       | 2%                        |

### ***Results from the On-line Survey***

#### **Important Considerations in Choosing a Childcare Provider.**

Respondents to the on-line survey reported on the relative importance of considerations in choosing a childcare provider, rating specific considerations on a scale from “very important” to “not very important.” These questions were asked of all respondents and did not specify that these were considerations for the respondent; rather they were issues that the respondents understood to be considerations for parents/caregivers in general. On-line survey respondents recognized all of the listed considerations important but especially reliability/consistency of the provider, child safety, and a nurturing environment, which were all considered “very important” by nearly 100% of respondents. (See Exhibit 11). These priorities were almost



identically mirrored by the subset of respondents who reported being responsible for at least one child ages 0-12, for whom the percentage of respondents reporting that a consideration was “very important” was typically slightly higher. (See Exhibit 11). The lower prioritization of a provider able to prepare child to enter school/kindergarten, even for those responsible for children may reflect a lack of awareness among some segments of the community that may require advocacy by education and social service providers to address.

*Exhibit 11. Percentage of on-line survey respondents reporting that specific considerations in choosing childcare are “very important”*

| <b>Considerations</b>  | <b>Percent of all respondents</b> | <b>Percent of those caring for at least one child 0-12</b> |
|--|-----------------------------------|--|
| Provider is reliable/consistent                                | 99% (of 186 respondents)          | 99%(of 137 respondents)                                    |
| Child will be safe   | 98% (of 191)                      | 99% (of 138)   |
| Provider has a nurturing environment                           | 97% (of 188)                      | 97%(of 138)  |
| Affordability  | 94% (of 191)                      | 94% (of 138)   |
| Care arrangements are flexible for parents/caregivers          | 94% (of 190)                      | 93% (of 137)   |
| Provider is able to prepare child to enter school/kindergarten | 87% (of 187)                      | 88% (of 137)   |

### **Barriers that Parents/Caregivers Face in Choosing a Childcare Provider**

On-line survey respondents reported on barriers in choosing a childcare provider or center that are faced by community parents/caregivers, rating specific barriers on a scale from “very important” to “not very important.” These questions were asked of all 193 respondents regardless of whether they themselves had childcare needs; thus they can be understood as barriers that the community recognizes exist for its parents/caregivers, barriers which the larger community is likely to understand could or should be addressed by a Childcare Center on the reservation. On-line survey respondents considered all of the listed barriers important but especially inconvenient hours and transportation issues. (See Exhibit 12).



*Exhibit 12. Weight of barriers to choosing childcare for on-line survey respondents*

| <b>Barriers (number of respondents)</b>        | <b>Very important</b> | <b>Somewhat important</b> | <b>Not very important</b> |
|--|-----------------------|---------------------------|---------------------------|
| Hours not convenient (n=106 <sup>5</sup> )     | 96%                   | 2%                        | 2%                        |
| Transportation issues (n=191)                  | 93%                   | 6%                        | 1%                        |
| Lack of available center (n=105 <sup>6</sup> ) | 91%                   | 6%                        | 4%                        |
| Affordability (n=187)                          | 87%                   | 11%                       | 2%                        |
| Quality is not good (n=188)                    | 84%                   | 14%                       | 3%                        |

Asked about other barriers not listed, 71 on-line survey respondents provided details about other barriers that are faced when choosing a childcare provider. The themes of the responses included:

- Location (which they distinguished from “transportation issues”),
- Finding a provider you trust,
- Finding a provider with the programming you want,
- Finding a provider with the characteristics you want,
- Finding a provider that meets your child’s needs,
- Family/friends,
- Needs of family members who provide care,
- The time it takes for someone to become certified,
- Not qualifying for a desired provider, and
- Limitations of un-formalized permanent caregiver arrangement.

The most common responses related to finding a safe, clean setting (n=12), finding a provider you trust (n=10), location (n=10), and finding a provider with trained, experienced staff (n=7). See Appendix 4 for a full description of other barriers identified by on-line survey respondents.

<sup>5</sup> This question was not on all versions of the survey collected

<sup>6</sup> This question was not on all versions of the survey collected  
LeCroy & Milligan Associates, Inc.



## Community Desire for a Childcare Center on the Pascua Yaqui Reservation

### Recognition of the need for a Childcare Center

On-line survey respondents were asked whether they believe a childcare facility is needed on the Pascua Yaqui reservation. All 193 on-line survey respondents (100%) indicated that a childcare facility is needed on the Pascua Yaqui reservation. Many (n=167) provided further explanation as to why they believe that a Childcare Center is needed. For example:

“Not everybody has a family member or friend that can watch their children and it would be fair to everybody to provide a facility.”

*-survey respondent*

“A lot of employees can't come into work because they need a babysitter.

And have no one they can trust to give their kids to. It's like a circle no babysitter, no job no money for kids.”

*-survey respondent*

Themes that were evident included:

- not enough suitable care on or near the reservation,
- the ability of a Childcare Center to meet the needs of children in the tribal community,
- the ability of a Childcare Center to respond to the hours needed by members of the tribal community (e.g. late or overnight hours for casino workers),
- benefits to the tribe as a whole (e.g., by reducing tardiness and absences for tribal employers),
- childcare needs of particular populations (e.g., working parents/caregivers, parents/caregivers in school),
- the convenience of close proximity,
- affordability,
- easing parents'/caregivers' stress, and
- sense of trust.



The most common reasons on-line survey respondents felt a childcare facility is needed on the Pascua Yaqui reservation were 1) that it would allow parents/caregivers to work (n=90), and 2) that proximity to work and home would be more convenient or alleviate transportation challenges that many in the tribal community face (n=37). See Appendix 5 for a full description of reasons provided.

### *Results from Qualitative Interviews*

**Personal needs.** Parent/caregiver interview respondents (n=9) were asked if a Childcare Center in the Pascua Yaqui Tribal Community would help meet their personal childcare needs. Eight respondents indicated that a Childcare Center would help them. One foster parent respondent who did not live in the New Pascua Pueblo indicated that it would not benefit her very much personally but that she thought it could benefit even foster parents who live outside of the New Pascua Pueblo if it provided care for foster children while the foster parent had a meeting on the reservation about their care or was meeting the needs of another foster child on the reservation (e.g. a parent visit).

Parent/caregiver respondents described several reasons a Childcare Center would benefit them personally. Themes included:

- Educational activities for children,
- Proximity that would minimize transportation issues,
- Parental sense of security,
- Opportunity for children to develop social skills,
- Opportunities for children to learn about their culture,
- Larger staff,
- Inadequate care providers are currently available,
- Inadequate times of care are currently available,
- Reduction of parents/caregivers stress about who will provide care for children,
- Stability for children,
- Backup for in-home family childcare providers, and
- More afterschool options for parents/caregivers.



The two most common themes that were brought up by parent/caregiver respondents related to educational activities and transportation issues. Three parent/caregiver respondents described the ability of a community Childcare Center to provide educational activities for children. One noted that while educational activities are sometimes available in home-care settings this is not always the case.

Three parent/caregiver respondents also described how a community Childcare Center would provide a central location that would be easier to access than centers that are located off the reservation, especially for those without transportation. Lack of transportation for parents/caregivers was a theme that came up throughout the interviews. One parent/caregiver without transportation, living on the reservation and going to school, illuminated the difficulty this produces, describing in details how, on a daily basis, she takes her daughter to preschool off the reservation by bus, then takes the bus to school and then returns to the preschool by bus after school to pick up her daughter and takes the bus with her daughter back to the reservation, needing to cross a busy street with her young daughter to catch the final bus.

Two parent/caregiver respondents indicated that a Childcare Center would provide them with a greater sense of security, more confidence that their child was safe. One noted that in-home care did not necessarily provide that level of security. “[You] don’t know what goes on in people’s homes.”

Two parent/caregiver respondents also mentioned the ability of a Childcare Center to support the development of social skills, one noting that a Childcare Center, with its ability to serve more children, would facilitate children meeting children their own age before they are in school (which is not typically available in in-home childcare setting, which are limited to serving a maximum of four children).

**Professional needs.** Professionals who worked directly or indirectly with children (n=15) were asked in the interview if they thought that a Childcare Center in the Pascua Yaqui Tribal Community would help meet their professional childcare needs. All but one professional respondent (n=14) indicated that a Childcare Center would play a role in meeting their professional needs, including meeting the needs of their clientele. One respondent, a home-care provider, doubted it would meet her own



professional needs as much as it would benefit families that need childcare. Of the 14 who felt that it would benefit them professionally, one, a home-care provider, could see both sides; she noted that a Childcare Center would be good and could provide more resources than she could but it would be financially detrimental for her if it replaced the in-home childcare that she provides. "It's good for the parent but what about us [the care providers]? I need the money I make. They'd probably hire the younger, the more educated." She thought this feeling might be shared by other in-home care providers.

Professional respondents described several reasons a Childcare Center would benefit them professionally, including benefitting their clientele. Themes included:

- Great community need,
- Limited in-home provider availability and reliability,
- Lack of Childcare Centers near the reservation,
- Special hour needs of the community (e.g., casino workers),
- Fill the current gap for ages 0-5 that is not met by Head Start,
- Proximity that would minimize transportation issues,
- More affordable for community members,
- Expanded resources for children that could be provided by a center compared to in-home care,
- Provide respite for grandparents raising grandchildren,
- Benefit foster parents and foster children,
- Reduce need for foster care by making childcare affordable and thereby reducing risk that children suffer neglect through being left alone or in inadequate family care,
- Encourage foster parents to become legal guardians by providing affordable childcare,
- Provide needed breaks for in-home providers,
- Fill gaps for low income parents/caregivers who receive subsidized childcare for work and school (but not for job searches, counseling and AA meetings, or parenting classes),
- Current in-home providers could work there, and
- Tribal members would trust a Childcare Center in the community.



The most common theme that was identified by respondents who worked directly or indirectly with children was the great need in the community. Eight professional respondents described why there was a need for more childcare services in the community. Two of the professional respondents who identified community need mentioned single parents as being a segment of the population particularly in need of childcare, one noting that single mother head of household is the single biggest population on the reservation. Two of the professional respondents who identified community need, one of them a home-based provider, noted that home-based providers could not meet the community demand for childcare.

Other common themes for professional respondents included difficulty relying on in-home providers, the special hours that childcare is needed in the community, the gaps that Head Start is unable to fill, and the potential benefit to foster parents. Three professional respondents noted the difficulty in relying on in-home providers, observing that in-home providers had limited space, and sometimes were not available to the parents unexpectedly on the day they were to provide care; one professional respondent indicated that parents needing tribal benefits reported losing their jobs due to missed work when their childcare provider was not reliable.

Three professional respondents noted the breadth of hours of childcare needed by tribal community members who work at the casino, which is open 24-hours a day; these parents/caregivers may work a swing shift (2:00-10 p.m.) or even overnight.

Three professional respondents indicated that Head Start was unable to fill the need for children ages 0-5. They noted that Head Start always has a waiting list, that children who are too young to make the cutoff (under 3 years old) cannot attend Head Start at all, and that even for the children who are enrolled, parents/caregivers struggle to get childcare after school (after 2:00 p.m.).

Three professional respondents indicated that a Childcare Center would benefit foster parents and foster children. Two other professional respondents identified ways in which a Childcare Center could reduce the need for foster care. A disproportionately high number of children on the reservation are



removed from their homes, leading to a high need for foster homes, disruption and trauma for children, sudden need for childcare, and concerns about the impact of placement with non-tribal families on the child's cultural support. One professional respondent noted that a Childcare Center could help fill the need for childcare for licensed foster parents where at least one foster parent in the household is required to provide the household with income (and where, therefore, single foster parents must work outside the home). Another professional respondent noted that there are inadequate certified tribal childcare providers that can meet the needs of foster parents. Another professional respondent noted that in an emergency removal, a Childcare Center would be helpful to fill an "immediate" need for childcare, which is typical because regular caretakers are often not certified and therefore cannot provide childcare to children in CPS custody. Another professional respondent also noted that due to the Indian Child Welfare Act (ICWA) - which encourages kinship placement - sometimes children are placed with a foster parent who is background-checked but not yet licensed (and thus unable to receive childcare subsidies); a Childcare Center would benefit these foster parents by providing childcare and also reduce child displacement. One professional respondent noted that providing affordable childcare on the reservation could alleviate children being left home alone or in inadequate family care (e.g., where substance abuse was present), and thereby reduce cases of neglect and CPS involvement. Another professional respondent noted that affordable childcare on the reservation would encourage foster parents to "make the leap" to guardianship by making up for some of the lost financial support that this change in status entails.

### *Benefit to the Tribe*

All respondents were asked if they thought that a Childcare Center in the Pascua Yaqui Tribal Community would help meet community childcare needs. All but one respondent (n=33, 97%) reported that they believed that a Childcare Center would help meet community need. Two of these qualified their statement with the importance of having proper staffing and facilities for it to benefit the community. The remaining individual supported all of the proposed features and also the building of a new building, but asserted that these would not in and of themselves benefit the tribe unless the features were integrated with other services to provide "seamless," high quality services and "[t]he highest standards and practices" were taken into account to ensure a match to cultural and familial needs of the community.



Seven respondents indicated that there is a general need for childcare in the community that a Childcare Center would address. Two respondents noted that the time had come for a Childcare Center. One stated, "We have been asking for it for so long." The other observed that the tribe now has a Wellness Center and a Senior Center, that the next area to address is childcare, and that "it should be the priority."

In addition to the general need for childcare, respondents identified several themes about specific areas in which it would benefit the community, among them its ability to:

- Address a shortage of other options,
- Feature characteristics tailored to benefit the children of the community,
- Feature characteristics that benefit parents of the tribal community,
- Feature characteristics that are specifically suited to the needs of the tribal community,
- Address the needs of specific populations within the tribal community, and
- Change current cultural expectation around care that may not always benefit the tribe.

With regard to a shortage of current childcare options, respondents noted both the lack of in-home providers and the lack of accessible childcare centers. Seven respondents specifically noted the lack of childcare provision available on the reservation. Three respondents noted the lack of childcare centers in the community that were accessible. One noted that the closest childcare center (off the reservation) was "full and expensive."

Respondents identified many ways in which a tribal Childcare Center could be tailored to benefit the children of the community. The most common characteristic that was recognized was its ability to provide a learning environment, which was noted by six respondents. Some respondents noted that this was not inevitably a feature of in-home or other care settings and one stated that could make a fundamental impact: "Teaching kids from when they are little would change how the reservation is run." Four respondents noted that a Childcare Center could provide more or better resources for children



than are typically available in a home-care setting, including, specifically, “proper equipment,” activities, and books. Three respondents also noted that a tribal Childcare Center could promote a positive cultural perspective, by educating children about language and culture, for example. The same number of respondents (n=3) recognized that a Childcare Center could better tailor developmentally appropriate activities, especially because it could provide activities for age- specific groups (whereas in-home care settings may have only up to four children and are unlikely to be in a position to provide age-specific care). Relatedly, two respondents noted that a Childcare Center could help with social skill development by providing social opportunities for playing with other children. Other attributes mentioned included using the setting to teach healthy living skills and ethics, keep children active, and provide a career model for children. One respondent also mentioned the potential for long-range benefits for children, including the ability to reduce K-2 grade school truancy (by establishing school routines), improve education outcomes, and reduce delinquency. Respondents also mentioned that such a Childcare Center could be “state of the art,” and that staff could be educated in children’s needs or child development.

Respondents identified many ways in which a tribal Childcare Center could benefit the parents/caregivers of the community. Four respondents noted that a Childcare Center would support parents/caregivers in bettering their own lives (and hence also the lives of their children), by providing reliable, easily accessible childcare so the parents/caregivers can go to school or work; one of these respondents observed regretfully that currently there is no teen pregnancy program so young mothers who would need to drive child into town for daycare drop out of school. Four respondents also noted that a tribal Childcare Center could be structured so as to be more affordable for parents/caregivers in the tribal community. Three respondents specified that a Childcare Center in the tribal community would be more reliable than in-home care, where providers were sometimes found to be unexpectedly unavailable and parents’/caregivers’ jobs at the casino were compromised by being late or absent. Three respondents also specified that parents/caregivers would have confidence they were leaving their child in a safe place at a Childcare Center in the tribal community and two respondents specified that a Childcare Center on the reservation would garner the trust of



parents/caregivers. Two respondents mentioned that the community would benefit if the Childcare Center was available on short notice, “in case of an emergency” or “on a walk-in basis.” Other parents/caregivers benefits mentioned included reducing parents/caregivers stress and providing parent training for young parents in a community where it is hard for elders to teach their children how to care for their own children.

Respondents also identified ways in which a tribal Childcare Center could feature characteristics that are specifically suited to the needs of the tribal community. Dominant among these was the ability of a Childcare Center to be conveniently located, in a community where many lack transportation, which was noted by twelve respondents. Four respondents also noted that the community needs childcare that available beyond the traditional work day and work week, particularly given that many parents/caregivers are employed at the casino and work various shifts there, while home-based providers typically provide care only from 8-5, Monday through Friday. Two respondents noted the lack of afterschool care in the tribal community that could be met, and one respondent noted a lack of early learning for children under five that could be met. Even young children who currently receive services and their families could benefit from a Childcare Center; one respondent noted that a Childcare Center could provide services during the times of year that Head Start is not in operation.

Respondents noted that the reservation is home to several specific adult populations needing childcare. Seven respondents recognized the demand created by working parents and four respondents recognized the demand created by single parents/caregivers. Other specific population included teen parents needing to complete school and families without extended family. Specific child populations identified included children under five years old, children *without* special needs (because current resources are directed to children with special needs), and children in “fractured” families or in foster care.

Some respondents suggested that a tribal Childcare Center could change current cultural expectation around care that may not always benefit the tribe or its community members. Four respondents noted that grandparents and relatives should not be expected or relied on to provide care; “Grandmothers are getting tired of it, sometime up to 6-7 children at a time,” one respondents



stated. Two respondents also observed that a Childcare Center could be more responsible than family members, one noting that a “close relatives does not equal the child being taken well care of.”

Other themes that were identified included providing learning opportunities for members of the tribal community and providing employment opportunities for tribal community members.

## **Findings Regarding Need for a Childcare Center**

### *Results from Surveys*

#### **Results of Paper Survey**

*Caring for children.* Of 94 paper survey respondents living in New Pascua, 88 (94%) reported that they parented or regularly cared for at least one child between ages 0-12; 94% of all paper survey respondents (174 of 184) reported that they cared for at least one child between ages 0-12. (See Exhibit 13). Of paper survey respondents who reported that they live in New Pascua, 30 reported parenting or regularly caring for at least one child ages 0-2 (32%), 53 reported caring for one or more children ages 3-5 (56%), and 52 reported caring for one or more children ages 6-12 (55%). (See Exhibit 14).

*Exhibit 13. Paper survey respondents parenting/caring for at least one child ages 0-12.*

| <b>Community</b>               | <b>Number caring for at least one child ages 0-12</b> | <b>Percentage of respondents from the community</b> |
|--------------------------------|---|---|
| New Pascua residents           | 88 (of 94 respondents)                                | 94%   |
| Residents of other communities | 85 (of 89)  | 96%   |
| <b>Total</b>                   | <b>173 (of 183)</b>                                   | <b>94%</b>  |



*Exhibit 14. Paper survey respondents parenting/caring for children ages 0-12 by age of child.*

|   | <b>Number of parents/caregivers</b> | <b>Percentage of respondents with children</b> | <b>Number of children</b> |
|---|-------------------------------------|--|---------------------------|
| <b>Caring for at least one child 0-2</b>  |                                     |  |                           |
| New Pascua residents                      | 30 (of 95 respondents)              | 32%  | 38                        |
| Residents of other communities            | 38 (of 89)                          | 43%  | 40                        |
| <b>Caring for at least one child 3-5</b>  |                                     |  |                           |
| New Pascua residents                      | 53 (of 95)                          | 56%  | 66                        |
| Residents of other communities            | 43 (of 89)                          | 48%  | 48                        |
| <b>Caring for at least one child 6-12</b> |                                     |  |                           |
| New Pascua residents                      | 52 (of 94)                          | 55%  | 58                        |
| Residents of other communities            | 44 (of 89)                          | 49%  | 53                        |

**Parents/Caregivers in need of childcare services**

Thirty eight paper survey respondents who reported living in New Pascua and caring for at least one child ages 0-12 indicated that they either using childcare services or in need immediately or within the next year.

**Reasons that out-of-home care is needed**

Respondents to the paper survey reported on reasons that out-of-home care was needed. Of those who reported currently using or needing childcare for children ages 0-12, the most common reason by far, for both New Pascua residents and non-residents, was the parent or caregiver needing to work. (See Exhibit 15).



*Exhibit 15. Paper survey respondents using or in need of childcare reporting specific reasons out-of-home care is needed.<sup>7</sup>*

| <b>Reasons for out-of-home care need</b>                         | <b>Number of New Pascua residents (n=40)</b> | <b>All parenting respondents (n=69)</b> |
|--|--|---|
| Parent/caregiver needs to work                                   | 25 (63%)                                     | 43 (62%)                                |
| Parent/caregiver searching for job                               | 11 (28%)                                     | 17 (25%)                                |
| Parent/caregiver attending school or training                    | 10 (25%)                                     | 21 (30%)                                |
| To give the parent/caregiver some relief                         | 8 (20%)                                      | 11 (16%)                                |
| Educational or social environment                                | 5 (13%)                                      | 7 (10%)                                 |
| To fill in gaps left by the main provider or before/after school | 5 (13%)                                      | 6 (9%)                                  |
| To reduce childcare expenses                                     | 4 (10%)                                      | 5 (7%)                                  |
| Not satisfied with previous care arrangement                     | 3 (8%)                                       | 3 (4%)                                  |
| Previous provider stopped providing care                         | 4 (10%)                                      | 4 (6%)                                  |

<sup>7</sup> Reasons for need of out-of-home care were analyzed separately because a respondent could report more than one reason; as a result, the total of the percentage adds up to more than 100%.



### Parents/caregivers work schedules

Respondents were asked about their work schedule. For paper survey respondents using or in need of childcare, a majority of both New Pascua residents and respondents in general reported that they work full time. (See Exhibit 16).

*Exhibit 16. Work schedule of paper survey respondents using or in need of childcare.*

| Work schedule           | New Pascua residents<br>(n=39) | All respondents<br>(n=66) |
|-------------------------|--------------------------------|---------------------------|
| Full-time               | 21 (54%)                       | 40 (61%)                  |
| Part-time               | 9 (23%)                        | 13 (20%)                  |
| Unemployed seeking work | 4 (10%)                        | 5 (7%)                    |
| Stay at home            | 3 (8%)                         | 4 (6%)                    |
| Retired                 | 2 (5%)                         | 4 (6%)                    |

### Results of On-line Survey

*Caring for children.* Of 193 on-line survey respondents, 139 (72%) reported that they were responsible for at least one child between ages 0-12. (See Exhibit 17). For 189 respondents who reported on whether they were responsible for tribally enrolled children, half of these respondents (50%, n=95) reported being responsible for the care of at least one tribally enrolled child ages 0-12. (See Exhibit 17). A total of 63 respondents (44%) reported that they were currently parenting children ages 0-12 who were not enrolled in the Tribe. (See Exhibit 17). Non-enrolled children might still be of Pascua Yaqui descent but simply not enrolled or not of sufficient quantum to be enrolled.



*Exhibit 17. On-line survey respondents parenting/caring for at least one child ages 0-12 by tribal enrollment status.*

|   | <b>Number caring for at least one child 0-12 years</b> | <b>Percentage caring for at least one child 0-12 years</b> |
|---|--|--|
| <b>Caring for at least one tribally-enrolled child</b>          |  |  |
| New Pascua residents only                                       | 63 (of 105 respondents)                                | 59%  |
| Residents of other communities                                  | 32 (of 70)   | 46%  |
| <b>Total</b>  | <b>95 (of 189)</b>                                     | <b>50%</b>   |
| <b>Caring for at least one non-tribally enrolled child</b>      |  |  |
| New Pascua residents only                                       | 31 (of 78)   | 39.7%  |
| Residents of other communities                                  | 32 (of 66)   | 48.5%  |
| <b>Total</b>  | <b>63 (of 144)</b>                                     | <b>43.8%</b>   |
| <b>Caring for at least one child (tribally enrolled or not)</b> |  |  |
| New Pascua residents only                                       | 79 (of 106)  | 75%  |
| Residents of other communities                                  | 60 (of 86)   | 70%  |
| <b>Total</b>  | <b>139 (of 193)</b>                                    | <b>72%</b>   |

### **Parents/Caregivers in need of childcare services**

The majority of on-line survey respondents who reported being responsible for at least one child ages 0-12 indicated that they were in need of childcare services (80%, n= 111 of 139). Need for childcare services was expressed by both those living in New Pascua (80%, n= 63 of 79) and those not living in



New Pascua (80%, 48 of 60), many of whom are likely to be working in New Pascua, in tribal government, the casino, or the resort. The majority of those who reported being responsible for one or more children ages 0-12 reported that they were the parent of a child in need of care (n=106, 76%), although other relationships were also represented including grandparents (n= 23, 17%), other relatives (n=14, 10%), foster parents (12, 9%), and legal guardians (n=3, 2%).<sup>8</sup>

### **Reasons that out-of-home care is needed**

On-line survey respondents reported on reasons that out-of-home care was needed. Of respondents who reported being responsible for at least one child ages 0-12, tribally enrolled or not (n=139), the most common reason by far, for both New Pascua residents and non-residents, was the parent or caregiver needing to work (89% and 83% respectively, see Exhibit 18). The next most common reasons that New Pascua resident and non-resident parents offered for needing out-of-home care was to attend school or training (44% and 30% respectively); to fill in gaps left by the main provider or before/after school (29% and 23% respectively); and to provide an educational or social environment for the child (27% and 18% respectively). A fairly high percentage of parents/caregivers who did not live in New Pascua also reported needing out-of-home care because the parent was looking for a job (22%).

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<sup>8</sup> Relationships were analyzed separately because one respondent could be responsible for children with whom they had different relationship; as a result, the total of percentages adds up to more than 100%.



*Exhibit 18. Percentage of on-line survey respondents responsible for at least one child reporting specific reasons out-of-home care is needed.<sup>9</sup>*

| <b>Reasons for out-of-home care need</b>                         | <b>New Pascua resident (n=79)</b> | <b>Not a New Pascua resident (n=60)</b> | <b>All parents (n=139)</b> |
|--|-----------------------------------|---|----------------------------|
| Parent/caregiver needs to work                                   | 70 (89%)                          | 50 (83%)                                | 120 (87%)                  |
| Parent/caregiver attending school or training                    | 35 (44%)                          | 18 (30%)                                | 53 (38%)                   |
| To fill in gaps left by the main provider or before/after school | 23 (29%)                          | 14 (23%)                                | 37 (27%)                   |
| Educational or social environment                                | 21 (27%)                          | 11 (18%)                                | 32 (23%)                   |
| Parent/caregiver searching for job                               | 14 (18%)                          | 13 (22%)                                | 27 (19%)                   |
| To give the parent/caregiver some relief                         | 10 (13%)                          | 7 (12%)                                 | 17 (12%)                   |
| Not satisfied with previous care arrangement                     | 9 (11%)                           | 4 (7%)                                  | 13 (9%)                    |
| Previous provider stopped providing care                         | 6 (8%)                            | 6 (10%)                                 | 12 (9%)                    |

<sup>9</sup> Reasons for need of out-of-home care were analyzed separately because a respondent could report more than one reason; as a result, the total of the percentage adds up to more than 100%.



In addition to the responses offered, three respondents identified other reasons they needed out-of-home care, including a parent/caregiver having medical issues, not being satisfied with interaction at a current provider, and the respondent's mother being an elder and not wanting her to be worn out.

### Parents/caregivers work schedules

On-line survey respondents were asked about their work schedule. For parents/caregivers who reported being responsible for at least one child ages 0-12, either tribally enrolled or non-tribally enrolled, a great majority (82.6%, 114 of 138) reported that they work full time. (See Exhibit 19). This held true for parents/caregivers living in New Pascua (84.4%, 67 of 79) and also for those not living in New Pascua (79.7%, 47 of 59). (See Exhibit 19).

*Exhibit 19. Work schedule of on-line survey respondents responsible for at least one child, tribally enrolled or not.*

| Work schedule           | New Pascua resident<br>(n=79) | Not a New Pascua resident<br>(n=59) | All<br>(n=138) |
|-------------------------|-------------------------------|-------------------------------------|----------------|
| Full-time               | 67 (85%)                      | 47 (80%)                            | 114 (83%)      |
| Part-time               | 10 (13%)                      | 11 (19%)                            | 21 (15%)       |
| Unemployed seeking work | 2 (3%)                        | 1 (2%)                              | 3 (2%)         |
| Stay at home            | 0 (0%)                        | 0 (0%)                              | 0 (0%)         |
| Retired                 | 0 (0%)                        | 0 (0%)                              | 0 (0%)         |



## Findings regarding Desired Features of a Childcare Center

### *Results from the On-line Survey*

#### **Preferred childcare arrangements**

On-line survey respondents were asked what childcare arrangements they would prefer. Of 79 New Pascua residents who reported being responsible for one or more children ages 0-12, tribally enrolled or not, the majority (60%, n=47) reported that they desired a program on the reservation that included all day childcare, including afterschool care; this percentage was even greater for 60 parents who did *not* live on the reservation, 65% of whom (n=39) preferred this option. The next most commonly preferred arrangement was 24/7 (day and night, 7 days a week) childcare, which was preferred by 25% of New Pascua resident parents/caregivers (n=20) and 22% of non-resident parents/caregivers (n=13). The numbers preferring these and other childcare arrangements are presented in Exhibit 20.

*Exhibit 20. Preferred childcare arrangement for on-line survey respondents responsible for at least one child.*

| <b>Preferred childcare arrangement</b>                           | <b>New Pascua resident (n=79)</b> | <b>Not a New Pascua resident (n=60)</b> | <b>All (n=139)</b> |
|--|-----------------------------------|---|--------------------|
| All day childcare on the reservation, including afterschool care | 47 (60%)                          | 39 (65%)                                | 86 (62%)           |
| 24/7 (day and night, 7 days a week) childcare                    | 20 (25%)                          | 13 (22%)                                | 33 (24%)           |
| Before and afterschool care only                                 | 7 (9%)                            | 3 (5%)                                  | 10 (7%)            |
| Off reservation childcare/ afterschool care                      | 2 (3%)                            | 4 (7%)                                  | 6 (4%)             |
| Other (e.g., respite care, emergency drop off)                   | 3 (4%)                            | 1 (2%)                                  | 4 (3%)             |



### **Need for child care between the hours of 5:00 p.m. and 6:00 a.m.**

On-line survey respondents were asked if they utilize or need child care between the hours of 5:00 p.m. and 6:00 a.m. A substantial minority of New Pascua residents who reported being responsible for at least one child ages 0-12, tribally enrolled or not, indicated that they utilize or need childcare between 5:00 p.m. and 6:00 a.m. (47%, n=34 of 78). A substantial minority of those *not* living in New Pascua who reported being responsible for at least one child ages 0-12, tribally enrolled or not, indicated that they utilize or need childcare between 5:00 p.m. and 6:00 a.m. (35%, n=20 of 58); many of these are likely to be *working* in New Pascua, in tribal government, the casino, or the resort and able to take advantage of a Childcare Center on the reservation.

### ***Results from Qualitative Interviews***

All participants interviewed (n=34) were asked what childcare arrangements they would like to see provided by a community Childcare Center. Each respondent was read a list of possible features and asked to indicate whether he or she would support this feature. Results are reported in Exhibit 21. All participants (100%) indicated that they would like to see a learning center for children ages 0-5 provided, as well as trainings and workshops for parents/caregivers and the community of learners. Of least interest was round-the-clock or 24/7 Childcare for children ages 13-17 (68% in support).



Exhibit 21. Childcare Center features desired by interview respondents.

| Feature desired  | Number in favor | Number opposed | Number maybe | Percent of respondents in favor |
|--|-----------------|----------------|--------------|---------------------------------|
| Learning Center for 0-5                                  | 34              | 0              | 0            | 100%                            |
| Training and workshops for parents/caregivers /community | 34              | 0              | 0            | 100%                            |
| Before and Afterschool care for ages 3-5                 | 33              | 1              | 0            | 97.1%                           |
| 24-7 Childcare for ages 0-12                             | 33              | 1              | 0            | 97.1%                           |
| Overnight Emergency Respite                              | 32              | 2              | 0            | 94.1%                           |
| Before and Afterschool care for ages 5-12                | 31              | 2              | 1            | 91.2%                           |
| Child Advocacy Center                                    | 30              | 4              | 0            | 88.2%                           |
| 24/7 Childcare for ages 13-17*                           | 21              | 8              | 4            | 61.8%                           |

\*There was one missing response; total does not add up to 34

Participants who reported that they supported particular features of a community Childcare Center sometimes elaborated on their position. The following are explanations as to why individual respondents supported a particular feature:

**Expanded opinions on Learning Center for 0-5:** Expanded opinions for this feature were supportive. One respondent expanded on their support for a Learning Center for 0-5 by noting that they supported this *in addition to* Head Start and not instead of Head Start. Another noted that the preschool they have is small so this would benefit children on the waiting list so won't miss out on school readiness.



**Expanded opinions on Training/workshops for parents/community:**

Expanded opinions for this feature were supportive. One respondent indicated that this feature was “critical,” noting that parents do not have enough parenting tools to be successful. One respondent recommended culturally-relevant trainings and workshops, noting that this “would be exciting to see.” Another respondent recommended trainings in sanitation (e.g., importance of hand washing, diapering, kitchen safety and sanitation). One respondent recommended providing water and light refreshments rather than using full meals to promote participation to minimize people attending just for the dinner; another respondent suggested using discounts in childcare as an incentive. One respondent noted that some trainings/workshops are available through Head Start which are open to the community, although there is an impression that they are for Head Start families.

**Expanded opinions on Before and Afterschool care for ages 3-5:** There was one expanded opinion for this feature, which was in opposition. The respondent, a parent/caregiver, was concerned that before and afterschool care for this younger group might be overwhelming to the child. She indicated that she would not want her child to be overwhelmed by going from school to afterschool.

**Expanded opinions on 24-7 Childcare for ages 0-12:** Expanded opinions for this feature were supportive. The schedules of casino employees often change and they sometimes are assigned to swing shift or graveyard shifts. Six respondents noted that employees of the casino need childcare that is available around the clock. Two respondents noted other jobs that parenting tribal member hold also require them to work in the night, including the police department and night nursing.

**Expanded opinions on Overnight Emergency Respite:** Expanded opinions for this feature were mixed. In support, one respondent noted that having overnight respite would save having to find a foster home in the middle of the night and that it might reduce trauma to the child if he or she were familiar with the childcare center. Another described professional experience in behavioral health that led her to believe that the tribe having its own overnight emergency respite would benefit the tribe and children. One respondent indicated her support for an overnight emergency respite feature as long as the child was not a danger to anyone else and exhibited appropriate behavior. Foster parents in particular opposed this feature, with one



respondent indicating that it was preferable to have the children in these circumstances go to homes that were “experienced” with their unique needs, while another expressed concern that a central locations for placing children “could invite trouble,” that in a private home it was less likely that the parent would know where the child was and cause a problem.

**Expanded opinions on Before and Afterschool Care for ages 5-12:** Expanded opinions for this feature were mixed. Three respondents recognized that some afterschool care was already available on the reservation (e.g., Boys and Girls Club) but nevertheless supported more, especially for the more vulnerable youngest school-age children (e.g., 5-8). One respondent noted that children would benefit from homework help and that the schools may be prohibiting taking textbooks home. A respondent noted that her son did not qualify for free afterschool care at his elementary school because he did not meet an academic need requirement. One respondent suggested that afterschool programming should provide a snack for children. One respondent in opposition indicated that the Boys and Girls Club and a YMCA off the reservation, which provide aftercare until 6:00 p.m., were sufficient.

**Expanded opinions on 24-7 Childcare for ages 0-12:** There was one expanded opinion for this feature, which was ambivalent. One respondent indicated that although this feature might be warranted on behalf of casino workers, she was unsure whether casino workers would want to leave their kids at a center, and suggested that it would depend on “how much it is like a home.”

**Expanded opinions on a Child Advocacy Center:** Expanded opinions for this feature were in opposition or ambivalent. One respondent noted that his or her support was contingent on the quality of staffing of such a center. Three respondents expressed opposition, particularly as to the difficulty in maintaining privacy and confidentiality for children and families who would utilize such a service: one of these respondents expressed concern that there would be stigma attached and that people would see those going into that part of the facility, one respondent suggested that it would be better to locate such a facility at that judicial department, medical facility, or social services, “somewhere more private,” and the third suggested that it might not be appropriate to locate it on the reservation at all because, “everybody knows everybody” and “even now CPS is not confidential.”



**Expanded opinions on 24/7 Childcare for ages 13-17:** The least supported feature was childcare for ages 13-17. Expanded opinions for this feature, of which there were many, were mostly in support. Three respondents observed that it would keep children in this age group safe, one noting that children ages 13-17 were getting into trouble (e.g. arrested for marijuana, having sex) because of the lack of afterschool activities and another noting that at this age they were “the most curious.” One respondent noted that he or she supported this feature particularly for those 13-15.

Two respondents noted that family could not always fill the need for care for this age group because not everyone has family or because alcohol and drugs may be at relatives' home. Two respondents noted that, for this age group, being home alone could be an alternative, although two others noted that late working hours for parents/caregivers (e.g., swing shifts) would create the need for evening and night care for this group. “If parents are on a swing shift [the child] might be home alone until 10.” One respondent noted that the Boys and Girls Club handles some of the need but only until 5:00 p.m.

Two respondents expressed some reservations despite supporting childcare for this age in general, such as the need for careful monitoring of boys and girls by a good staff to prevent sexual assaults. One respondent, while recognizing that the need was there, indicated that at this age their behavior could be problematic, and stated, “They’re bad.”

One respondent noted that it would be important that children at this age be distinguished from the younger children as part of a separate program or part of the building and not be made to feel they were at a “daycare.”

Three respondents who expressed some support for care for this age group were also at least somewhat ambivalent. One indicated support but stated that it was “not as important” as the other features. Another supported it on the condition that there was room and funding for it. One supported it but did not think it would be financially viable: “[It] would be great but no one would pay for it.”

Three respondents expressed opposition to this feature, one concerned that it would interfere with the Boys and Girls Club, one indicating that they should enroll at the Boys and Girls Club or the “rec center” instead, and a third stating that it would not be cost efficient because children at this age can be home without an adult.



### *Features not Currently Envisioned that were Suggested by Interview Respondents*

Participants were also asked if there were other services they would like to see provided in a community Childcare Center. The most common suggestion was services for special needs children, which was brought up by five respondents and included help with diagnosing and coping (especially for new parents and teen parents), therapeutic services for 3-5 and for school age (beyond what the school provides), and tutoring; one parents/caregivers suggested it would be helpful for the tribe to expand its definition of delays that qualify kids for subsidized care/preschool and services.

Four respondents recommended specific educational programming for young people, including health education (workshops for kids 10-14 on hygiene, eating right, tooth-brushing, talk to girls about period and pregnancy prevention), home-economics (someone who can teach [girls] to sew), babysitting classes, and parenting classes for young mothers. Babysitting classes and parenting classes for young mothers were both suggested with a larger description of the community context. The respondent who suggested babysitting classes recommended that such classes for teens and young adults would serve to strengthen families and benefit the community because more people would be trained in caring for children and they would benefit babysitters by enhancing self-esteem. He or she also noted that parents/caregivers and foster parents could hire these trained (and perhaps certified) babysitters. "We would drive over and pick somebody up to care for our kids." The respondent who recommended parenting classes for young parents was hoping for a teacher who could provide young mothers with parent training so the young mother could live with grandparents but "not have grandmothers do all the parenting."

Another suggested feature that takes community context into account was multi-generational programming and access to the Childcare Center facility, which was brought up by four respondents. One respondent stressed the needs for services and supports to parents/caregivers. One respondent suggested including in programming physical activities that engage both parents/caregivers and children, particularly for parents/caregivers "less active in children's lives; including playgrounds, fitness regimes, community



walks, carnivals, family basketball tournaments, water play, splash-park for little children, and obstacle courses [some of which are currently available at the Wellness Center]; this respondent noted that learning with the child teaches parents/caregivers it's important for the child to learn. One respondent noted that a “family room” with “age-appropriate toys” would benefit parent-child relationships, providing them with more for them to do and the opportunity to “pretend with each other.” Relatedly, another respondent described the importance of having the program match the extended family structures in the community, and the need to design the program as a multi-generational type of program that could serve all age ranges with features such as a “teen room” and “elder reading areas.”

Other services were suggested in response to community health issues that affect children in the Pascua Yaqui community. Two respondents suggested that it would be helpful if the Childcare Center, in addition to on-going childcare for families, also offered occasional or emergency brief childcare for occasions such as when a parents/caregivers has one child in the hospital or when a foster parent needs one evening of respite (because foster care is very specific about who children can left with). Two respondents also suggested that a Childcare Center could offer counseling for children, one noting that this was already at least somewhat covered by Centered Spirit by a grant; this respondent noted that Johnson Elementary School [in TUSD] has a full time counselor. One respondent suggested tutoring for children affected by alcohol, drugs, and domestic violence in the home. Another suggested transitional housing for mothers and children (including childcare and a Child Advocacy Center) because children in foster care are waiting for their mother to find a home and job and housing is one of the biggest issues.

While cultural programming such as is currently visible in the Head Start program might be a characteristic of any of the features of a Childcare Center, two respondents specified its importance, including introducing Yaqui culture, activities, and art, to support transition between the two settings [out-of-home home care and community].



## Findings Regarding Current Childcare Usage and Sufficiency

### *Results from the Paper Survey*

To gather a better understanding of childcare usage by community members, paper survey respondents were asked about current childcare use. The most common source of childcare reported by both New Pascua residents and all respondents, for all three age group, was family/friend. Results are displayed in Exhibits 22-24.

*Exhibit 22. Paper survey respondents report of number of children using childcare by childcare type: Ages 0-2*

|                                   | <b>New Pascua<br/>resident only<br/>(n=95)</b> | <b>All<br/>(n=184)</b> |
|-----------------------------------|--|------------------------|
| In home by me or household member | 8  | 14                     |
| Family/Friend                     | 12   | 23                     |
| Licensed Family Care Home         | 5  | 5                      |
| Licensed Center                   | 2  | 2                      |
| Preschool                         | 0  | 0                      |

*Exhibit 23. Paper survey respondents report of number of children using childcare by childcare type: Ages 3-5*

|                                   | <b>New Pascua<br/>resident only<br/>(n=95)</b> | <b>All<br/>(n=184)</b> |
|-----------------------------------|--|------------------------|
| In home by me or household member | 6  | 9                      |
| Family/Friend                     | 8  | 21                     |
| Licensed Family Care Home         | 5  | 5                      |
| Licensed Center                   | 0  | 1                      |
| Preschool                         | 0  | 0                      |
| Before/after school               | 4  | 5                      |



*Exhibit 24. Paper survey respondents report of number of children using childcare by childcare type: Ages 6-12*

|                                   | <b>New Pascua<br/>resident only<br/>(n=95)</b> | <b>All<br/>(n=184)</b> |
|-----------------------------------|--|------------------------|
| In home by me or household member | 6  | 6                      |
| Family/Friend                     | 9  | 19                     |
| Licensed Family Care Home         | 4  | 5                      |
| Licensed Center                   | 1  | 2                      |
| Before/after school               | 6  | 11                     |

Paper survey respondents were asked whether they felt that all of their childcare needs were being met. Of all respondents who reported on whether they felt that all of their childcare needs were being met (n=75), the majority (61%, n=46) felt that their needs were only somewhat met or that few of their needs were met; 39% (n=29) felt that most or all of their needs were met. Of Pascua Yaqui residents who reported on whether they felt that all of their childcare needs were being met (n=46), the majority (52%, n=24) felt that their needs were only somewhat met or that few of their needs were met; 48% (n=63) felt that most or all of their needs were met.

Paper survey respondents were asked to explain why they felt that their child care needs were or were not being met. Of respondents who live in New Pascua, 6 individuals shared information about why their needs were less than well met. Responses concerned: the father working and school letting out early, a potential provider being too busy to provide care, not having someone “close to me,” times when family or friends can’t watch them, the cost, and difficulty getting certified.

### *Children in Need of Care*

Paper survey respondents were asked about need for current childcare need and need in the next year. Results are displayed in Exhibit 25. Paper survey respondents living in New Pascua reported immediate need or need in the next year for 15 children ages 0-2, 19 children ages 3-5, and 23 children ages 6-12.



*Exhibit 25. Paper survey report of number of children in current or immediate future need of childcare*

|                | <b>New Pascua<br/>resident only<br/>(n=95)</b> | <b>All children<br/>(n=184)</b> |
|----------------|--|---------------------------------|
| Ages 0-2 years | 15   | 25                              |
| Ages 3-5 year  | 19   | 35                              |
| Ages 6-12      | 23   | 38                              |

***Results from the On-line Survey***

To gather a better understanding of childcare usage by community members, on-line survey respondents were asked about current childcare use. Results are displayed in Exhibits 26-28.

*Exhibit 26. On-line survey report of number of children using childcare by childcare type: Ages 0-2*

|                                   | <b>Tribally<br/>enrolled<br/>children</b> | <b>Non-tribally<br/>enrolled<br/>children</b> | <b>Total</b> |
|-----------------------------------|---|---|--------------|
| In home by me or household member | 1   | 3   | 4            |
| Family                            | 1   | 8   | 25           |
| Friend                            | 11  | 12  | 23           |
| Licensed Family Care Home         | 20  | 9   | 29           |
| Licensed Center                   | 15  | 4   | 19           |
| Preschool <sup>10</sup>           | 66  | 16  | 82           |

<sup>10</sup> Preschool programming, both on the reservation and typically, is for 3-5 year olds. Parent/caregivers who reported 82 children age 0-2 years old were in preschool may have misunderstood technical distinctions between preschool and childcare; however, it is likely that these children were in formal childcare programming such as a licensed center.



*Exhibit 27. On-line survey report of number of children using childcare by childcare type: Ages 3-5*

|                                   | <b>Tribally enrolled children</b> | <b>Non-tribally enrolled children</b> | <b>Total</b> |
|-----------------------------------|-----------------------------------|---------------------------------------|--------------|
| In home by me or household member | 0                                 | 0                                     | 0            |
| Family                            | 23                                | 5                                     | 28           |
| Friend                            | 7                                 | 5                                     | 12           |
| Licensed Family Care Home         | 5                                 | 6                                     | 11           |
| Licensed Center                   | 12                                | 7                                     | 19           |
| Preschool                         | 40                                | 11                                    | 51           |

*Exhibit 28. On-line survey report of number of children using childcare by childcare type: Ages 6-12*

|                                   | <b>Tribally enrolled children</b> | <b>Non-tribally enrolled children</b> | <b>Total</b> |
|-----------------------------------|-----------------------------------|---------------------------------------|--------------|
| In home by me or household member | 0                                 | 1                                     | 1            |
| Family                            | 4                                 | 1                                     | 5            |
| Friend                            | 14                                | 11                                    | 25           |
| Licensed Family Care Home         | 8                                 | 6                                     | 14           |
| Licensed Center                   | 9                                 | 1                                     | 10           |



On-line survey respondents were asked whether they felt that all of their childcare needs were being met. Of all respondents who reported on whether they felt that all of their childcare needs were being met (n=174), the majority (55%, n= 96) felt that their needs were only somewhat met or that few of their needs were met; 45% (n=78) felt that most or all of their needs were met. Of parents/caregivers who reported being responsible for at least one child, tribally enrolled or not (n=135), the majority (53%, n= 72) felt that their needs were only somewhat met or that few of their needs were met; 47% (n=63) felt that most or all of their needs were met.

All on-line survey respondents were asked to explain why they felt that their child care needs were or were not being met. Sixty-nine respondents, a group that likely included both parents/caregivers and individuals who provide childcare, shared information about why their needs were less than well met. Themes included:

- children's needs not being met,
- lack of options,
- inadequate hours or inflexibility of hours,
- wanting higher quality options,
- needing to make complicated arrangements to meet all needs,
- cost,
- distance, and
- family care providers needing relief.

The most common responses concerned: current options not meeting the educational needs of children (n=17), needed care hours not being available (n=12), family members not being available at all times care is needed (n=9), caregivers not being reliable (n=8), and cost (n=7). See Appendix 6 for further details.

### *Children in Need of Care*

On-line survey respondents were asked about need for immediate and future childcare. Results are displayed in Exhibits 29-31. On-line survey respondents reported immediate need for 84 children ages 0-2, 48 children ages 3-5, and 59 children ages 6-12.



*Exhibit 29. On-line survey report of number of children in current/future need of childcare: Ages 0-2*

|   | <b>Tribally enrolled children</b> | <b>Non-tribally enrolled children</b> | <b>Total children</b> |
|---|-----------------------------------|---------------------------------------|-----------------------|
| Immediate need for out-of-home care               | 68                                | 16                                    | 84                    |
| Anticipate needing out-of-home care in the future | 59                                | 31                                    | 90                    |

*Exhibit 30. On-line survey report of number of children in current/future need of childcare: Ages 3-5*

|   | <b>Tribally enrolled children</b> | <b>Non-tribally enrolled children</b> | <b>Total children</b> |
|---|-----------------------------------|---------------------------------------|-----------------------|
| Immediate need for out-of-home care               | 31                                | 17                                    | 48                    |
| Anticipate needing out-of-home care in the future | 36                                | 25                                    | 61                    |

*Exhibit 31. On-line survey report of number of children in current/future need of childcare: Ages 6-12*

|   | <b>Tribally enrolled children</b> | <b>Non-tribally enrolled children</b> | <b>Total children</b> |
|---|-----------------------------------|---------------------------------------|-----------------------|
| Immediate need for out-of-home care               | 43                                | 16                                    | 59                    |
| Anticipate needing out-of-home care in the future | 47                                | 24                                    | 71                    |



## Programming for Children Currently Available

Some programming is currently available for children on the reservation, including preschool programming for some 3-5 year olds, and afterschool care for 7-18 year olds. The Pascua Yaqui Head Start program (Ili Uusim Mahtawapo) provides free preschool programming, including transportation, for qualified children 3-5 years old, both tribal and non-tribal, living on the reservation, or within a five mile radius of Pascua Pueblo. Programming is available from 8:00 a.m. to 2:00 p.m. Monday through Thursday, and sometimes Friday, during the school year. Ili Uusim Mahtawapo has eight lead teachers and eight co-teachers and the capacity to serve 51 3-year-olds and 90 4-year-olds. In April, 2014, Ili Uusim Mahtawapo had 141 enrolled children, 72 enrolled through the Head Start funding stream and an additional 69 enrolled through a tribal funding stream; as of April, 2014, there were about 23 children on the waiting list. Parents/caregivers who work at the casino face difficult arranging transportation for afterschool care. Ili Uusim Mahtawapo has not typically offered summer programming in the past, but this year (2014) will be providing a summer program for children 3-7, from 8:00 a.m. - 2:00 p.m. during the school week. The program is interested in seeking funding for Early Head Start, which serves children 0-2. If implemented, these young children are likely to need afterschool care similar to that of the current students age 3-5.

The Pascua Yaqui Boys and Girls Club, open from 3:00 p.m. to 8:00 p.m. Monday through Friday during the school year and 9:00 a.m. to 4:00 p.m. during the summer, is available to both tribal and non-tribal children ages 7-18 for afterschool activities. The cost is \$10.00 per session. The Pascua Yaqui Boys and Girls Club has over 300 enrolled children currently, of whom approximately 100 children attend on a given school day. Some transportation to the facility is provided by TUSD. Attendance is not regulated by the staff; children may come and go as they please during operation hours. A long term “temporary” facility includes many features, including a large activity room, a kitchen, an art room, a technology room (with several donated, state of the art computers), and a teen room, as well as office space for staff. Snacks are provided. There are three full time and five part time staff. Homework assistance is provided. The facility is adjacent to a large community playground.



The Pascua Yaqui Wellness Center, open six days a weeks (Monday-Thursday 6:00 a.m. -9:00 p.m., Friday 6:00 a.m.-6:00 p.m., and Saturday 8:00 a.m. – 12:00 p.m.) is designed to promote health for community members. Many activities are available for children but most require some level of supervision by a parents/caregivers or responsible adult, especially for children under 16 or under 12. Use of the Wellness Center is free to users. The Wellness Center currently provides minimal child-specific programming during the year but provides more extensive child-specific programming during the summer. There is a summer camp program for ages 8-16 from 8-5, Monday through Friday. Up to 40 children can be enrolled per 3-week session but must be tribally-enrolled or a dependent of a tribally-enrolled person. Two swimming pools are open daily from 10:00 a.m. – 6:00 p.m. during the summer months with life guards are on duty at all times; Children ages 10 and over can be in the pool without parental supervision. The Wellness Center is not meant to be a childcare facility and there are current issues with children being left at the Wellness Center with the expectation that the children will be supervised by the staff. Parents/caregivers have asked that childcare be provided. The lack of formal identification of children raises some safety concerns because staff cannot verify the age-appropriateness of children participating in activities that require parental supervision for children under a certain age. The Wellness Center is planning to provide an afterschool program next year, beginning in August of 2014 or January of 2015, for ages 8-16 or 8-18 that would be run until 5 or 6 p.m.

Further details about these resources for children can be found in Appendix 1.



## Summary of Study Findings

Two surveys were collected to gather details about community childcare needs, including current out-of-home childcare usage and the types of barriers that parents/caregivers currently face in their day to day efforts to locate care for their children. A paper survey was collected from 184 individuals attending the Recognition Day Ceremony in September, 2013, to gather details about community childcare needs, including current out-of-home childcare usage and the types of barriers that parents/caregivers currently face; a subset of 88 paper survey respondents reported residing in New Pascua and caring for at least one child age 0-12. An on-line survey, collected from 193 New Pascua residents as well as individuals working there in tribal government or at the casino/resort, was designed to gather information about community childcare needs and the types of barriers that parents/caregivers currently face, as well as community support for a Childcare Center on the reservation; a subset of 139 on-line survey respondents reported caring for at least one child age 0-12. To investigate community interest in a tribal Childcare Center in greater detail, an interview was also collected from 34 individuals from a representative spectrum of the Pascua Yaqui community with a strong personal and/or professional stake in a community Childcare Center.

Survey respondents recognized many considerations in choosing a childcare provider as very important, especially reliability/consistency of the provider, child safety, a nurturing environment, and affordability. Survey respondents rated the importance of specific considerations in choosing a childcare provider, including that the provider is reliable/consistent; that the child will be safe; that the provider has a nurturing environment; affordability; that the care arrangements are flexible for the parent/caregiver; and that the provider is able to prepare the child to enter

**Considerations in choosing a childcare providers that were considered particularly important by survey respondents included child safety, provider reliability, and a nurturing environment.**

school/kindergarten. Paper survey respondents recognized all of the listed considerations as important but especially child safety, provider reliability, and a nurturing environment; for the subset of paper survey respondents who



reported residing in New Pascua, affordability was also identified as of particular importance. On-line survey respondents recognized all of the listed considerations important but especially reliability/consistency of the provider, child safety, and a nurturing environment, which were all considered “very important” by nearly 100% of respondents, priorities which almost identically mirrored the subset of on-line respondents who reported being responsible for at least one child ages 0-12. This parallelism suggests that those who are not currently responsible for children understand the issues that parents/caregivers face. A slightly lower prioritization for a provider able to prepare child to enter school/kindergarten was also noted, and suggests that education and social service providers may wish to address a lack of awareness among some segments of the community.

The great majority of paper survey respondents considered barriers that parents/caregivers face in choosing a childcare provider/center, including inconvenient hours, transportation issues, lack of an available center, affordability, and poor quality, all to be important, but particularly affordability. The great majority of on-line survey respondents also considered these barriers that parents/caregivers face to be important, but particularly inconvenient hours and transportation issues. Other common barriers identified by on-line survey respondents included finding a safe, clean setting; finding a provider you trust; location; and finding a provider with trained, experienced staff.

**Barriers to choosing a childcare providers that were considered particularly important by survey respondents included affordability, inconvenient hours, and transportation issues.**

A strong desire for a tribal Childcare Center that can respond to these considerations and barriers was extremely evident across on-line survey and interview respondents. All 193 on-line survey respondents indicated that they felt a childcare facility is needed on the Pascua Yaqui reservation. For those who provided further details about why they felt it was needed, the most common reasons were 1) that it would allow parents/caregivers to work and



2) that proximity to work and home would be more convenient/alleviate the transportation challenges that many members of the tribal community face. Support for a Childcare Center was very high among interview respondents, including parents/caregivers, professionals who work directly or indirectly with children, and others. All but one parents/caregivers respondent indicated that a Childcare Center would help meet their personal childcare needs. All but one professional respondent who reported working directly or indirectly with children reported that a Childcare Center would help meet their professional childcare needs, including meeting the needs of their clientele. All but one of 34 respondents reported that a Childcare Center would help meet community need; the final respondent supported a center contingent on it being fully integrated with other services.

**A strong desire for a tribal Childcare Center that responds to important considerations for and barriers to choosing a childcare provider was extremely evident across on-line survey and interview respondents.**

Interview respondents identified ways in which a Childcare Center would benefit to themselves, their clientele, and the tribe as a whole. Parents/caregivers reported benefit through educational activities for children that might not be available in home care settings; the proximity, which would mediate transportation issues that many on the reservation face; a greater sense of security and more confidence that their child was safe; and support in the development of social skills. Professional respondents described how a Childcare Center could address: the great need in the community created in part by a high number of single parents/caregivers and an inadequate number or home-based providers; difficulty relying on in-home providers; special hours that childcare is needed in the community (where late work hours are common); the gaps that Head Start is unable to fill; and needs of foster parents. Regarding its potential to benefit the tribe as a whole, interview respondents indicated that a Childcare Center could: address a shortage of other options; feature characteristics tailored to benefit the children of the community; feature characteristics that benefit parents/caregivers of the tribal community; feature characteristics that are specifically suited to the needs of the tribal community; address the needs of specific populations within the tribal community; and change current cultural expectation around care that



may not always benefit the tribe. Features recognized as benefitting children included its ability to: provide a learning environment (not inevitably a feature of in-home or other care settings); provide more or better resources for children than are typically available in a home-care setting; promote culture in a positive way; to better tailor developmentally appropriate activities; and promote social skill development. Interview respondents also identified many ways in which a tribal Childcare Center could benefit the parents/caregivers of the community, including: supporting parents/caregivers in bettering their own lives; providing reliable, easily accessible childcare so the parents/caregivers (including teen parent) can go to school or work; being more affordable; being more reliable than in-home care; and promoting more confidence for parents/caregivers that they were leaving their child in a safe place. Interview respondents also identified ways in which a tribal Childcare Center could feature characteristics specifically suited to the needs of the tribal community, including: convenient location; childcare needs beyond the traditional work day and work week; lack of afterschool care in the tribal community; and addressing inadequate early learning opportunities for children under five.

Both the on-line survey and interview respondents reported on features they would like to see in a Childcare Center, with the interview respondents having the opportunity to report in greater detail. Parents/caregivers of

**Both survey and interview respondents expressed desire for a Childcare Center that can provide very comprehensive childcare.**

children ages 0-12 who responded to the survey desired very comprehensive childcare; the majority of both New Pascua residents and those who did not live on the reservation desired a program on the reservation that included all day childcare, including afterschool care. Also fairly frequently desired by survey respondents was 24/7 (day and night, 7 days a week)

childcare, not surprising given that nearly half of New Pascua resident and 35% of non-resident parents/caregivers of at least one child ages 0-12 indicated that they currently utilize or need childcare between 5:00 p.m. and 6:00 a.m.



Interview respondents had the opportunity to identify more specific childcare features they would like to see provided by a tribal Childcare Center. All participants (100%) indicated that they would like to see a Learning Center for children ages 0-5 provided, as well as trainings and workshops for parents, caregivers, and the community of learners. There was also nearly universal support for Before and Afterschool care for ages 3-5 and 24-7 childcare for ages 0-12. Of least interest was round-the-clock or 24/7 Childcare for children ages 13-17.

Many interview participants elaborated on their position on a certain proposed feature of a Childcare Center and some of these thoughts are worth keeping in mind. Regarding 24-7 Childcare for ages 0-12, several respondents specifically noted that employees of the casino need childcare that is available around the clock and two respondents noted other jobs that parenting tribal member hold also require them to work in the night, including the police department and night nursing. Regarding Overnight Emergency Respite, a respondent noted that having overnight respite would save having to find a foster home in the middle of the night and that it might reduce trauma to the child if he or she were familiar with the childcare center; however, another respondent indicated her support for an overnight emergency respite feature only as long as the child was not a danger to anyone else and exhibited appropriate behavior, and foster parent respondents in particular opposed this feature, with one respondent indicating that it was preferable to have the children go to homes that were “experienced” with their unique needs and another respondent expressing concern that a central locations for placing children “could invite trouble,” that in a private home it was less likely that the parent would know where the child was and cause a problem. With regards to Before and Afterschool Care for ages 5-12, one respondent indicated that the Boys and Girls Club and a YMCA off the reservation were sufficient, but three respondents recognized that some afterschool care was already available on the reservation (e.g., Boys and Girls Club) but nevertheless supported more, especially for the more vulnerable youngest school-age children (e.g., 5-8). With regards to 24-7 childcare for ages 0-12, one respondent indicated that although this feature might be warranted on behalf of casino workers, she was unsure whether casino workers would want to leave their kids at a center. With regards to a Child Advocacy Center, three



respondents expressed opposition, particularly as to the difficulty in maintaining privacy and confidentiality for children and families who would utilize such a service.

With regards to 24/7 Childcare for ages 13-17, the feature least supported by interview respondents, there were many expanded opinions, mostly in support. Three respondents observed that it would keep children in this age group safe. Two respondents noted that family could not always fill the need for care for this age group because not everyone has family or because alcohol and drugs may be at relatives' homes. Two respondents noted that, for this age group, being home alone could be an alternative, although two others noted that late working hours for parents/caregivers (e.g., swing shifts) would create the need for evening and night care for this group. Two respondents expressed some reservations despite supporting childcare for this age in general, such as the need for careful monitoring of boys and girls by a good staff to prevent sexual assaults. One respondent, while recognizing that the need was there, indicated that at this age their behavior could be problematic. One respondent noted that it would be important that children at this age be distinguished from the younger children. Three respondents who expressed some support for care for this age group were also somewhat ambivalent, one stating that it was “not as important” as the other features, another supporting it on the condition that there was room and funding for it, and a third supporting it but think it would not be financially viable: “[It] would be great but no one would pay for it”; similarly, a respondent in opposition of this feature stated that it would not be cost efficient because children at this age can be home without an adult.

Interview participants were also asked if there were other services they would like to see provided in a community Childcare Center. The most common suggestion was services for special needs children. Also frequently suggested was specific educational programming for young people, including health education, home-economics, babysitting classes, and parenting classes for young mothers. Babysitting classes and parenting classes were both recommended as serving a larger community need. Another suggested feature that takes community context into account was multi-generational programming and access to the Childcare Center facility. Other services were



suggested in response to community health issues that affect children in the Pascua Yaqui community, including occasional or emergency brief childcare for occasions such as when a parents/caregivers has one child in the hospital or when a foster parent needs one evening of respite; counseling for children; tutoring for children affected by alcohol, drugs, and domestic violence in the home; and transitional housing for mothers and children. Two respondents specified the importance of integrating Yaqui culture into programming.

Both paper and on-line survey respondents reported on having responsibility for children, what their current childcare usage is, and how their current childcare needs are not met. For paper survey respondents, 88 reported residing in New Pascua and caring for at least one child age 0-12 and 38 these (43%) indicated that they were currently using or in need of childcare services. By far the most common reason that these New Pascua parents/caregivers gave for needing childcare was the parent/caregiver needing to work and a majority reported that they work full time.

The online-survey distinguished between tribally enrolled children and non-tribally enrolled children and identified the caregivers' relation to the child or children. Overall, 139 on-line survey respondents (75% of respondents) reported that they were responsible for at least one child between ages 0-12. Most of these were the parent, although a substantial number (n=23) were the grandparent (n=106). Of the 139 respondents responsible for at least one child between ages 0-12, 95 reported that they were responsible for at least one tribally-enrolled child and 63 reported that they were responsible for at least one child ages 0-12 who was not enrolled in the Tribe (who might still be of Pascua Yaqui descent but simply not enrolled or not of sufficient quantum to be enrolled). Parents/caregivers could have children in both categories.

Most parents/caregivers who responded to the on-line survey were in need of childcare services. Eighty percent of parents/caregivers who reported being responsible for at least one child ages 0-12 indicated that they were in need of childcare services (n=111 of 139). By far the most common reason that parents/caregivers of children ages 0-12 gave for needing childcare, both New Pascua residents and non-residents, was the parent/caregiver needing to work. A great majority of parents who reported being responsible for at least one child ages 0-12 reported that they work full time; this held true for both those living in New Pascua and those not.



The demand for childcare appears to be great. In the on-line survey, parents/caregivers reported that few children, both tribally enrolled and not, were cared for exclusively in their own homes. Current childcare usage according to both the paper survey and the on-line survey included family/friend care as well as more formal settings such as licensed family care homes, licensed centers, and preschools, especially for children under 6 year of age. The immediate need for more childcare options also appears to be great. The majority of on-line survey respondents, including parents/caregivers and others, reported that their childcare needs were less than well met. For on-line survey respondents who provided detailed information about why their childcare needs were less than well met, the most common responses concerned: current options not meeting the educational needs of children, needed care hours not being available, family members not being available at all times care is needed, caregivers not being reliable, and cost. Respondents reported immediate need for 84 children ages 0-2, 48 children ages 3-5, and 59 children ages 6-12.

**Results of the study indicate a high demand for childcare with many parents working full time and few children cared for exclusively at home.**

Some childcare programming is currently available for children on the reservation, including preschool programming for some 3-5 year olds, and afterschool care for 7-18 year olds, but does not fill all the gaps in need. Remaining gaps include all day, year-round care for very young children ages 0-2; afterschool, holiday, and summer care for preschoolers in Head Start; all day, year-round early learning for preschoolers who are on the waiting list or do not qualify for Head Start; afterschool care for school-age children who are too young for Boys and Girls Club or require a higher level of supervision and monitoring; holiday care for all school age children; and evening, weekend, and overnight care for all age ranges.



## Recommendations

- 1. A Pascua Yaqui Childcare Center Should be Pursued Based on Universal Support.** There was nearly universal support for a new Childcare Center from both survey and interview respondents. There is insufficient childcare available through home-based providers and other local programs to meet the community need.
- 2. A Pascua Yaqui Childcare Center Should Include Services for Children Ages 0-5 and Collaborate with Ili Uusim Mahtawapo.** A Learning Center for children 0-5 was supported by all interview respondents. The current need is not fully met by Ili Uusim Mahtawapo, the Head Start program, which does not currently serve ages 0-2, does not provide programming for the entire workday or work week, is operating at full capacity with a waiting list, and has enrollment qualifications. Ili Uusim Mahtawapo is seeking to expand its service provision to ages 0-2.
- 3. The Design of a Pascua Yaqui Childcare Center Should Incorporate Core Elements of High Quality Childcare Programming.** The Pascua Yaqui Tribe already recognizes the importance of high quality programming for its young children, as demonstrated by their long-standing commitment to Ili Uusim Mahtawapo, the Head Start program. The design of a Pascua Yaqui Childcare Center should incorporate core elements of high quality childcare programming using models such as EduCare, Head Start, and Quality First and NAEYC standards.
- 4. A Pascua Yaqui Childcare Center Should Include Before and Afterschool Care for Ages 3-5.** Ili Uusim Mahtawapo, the Head Start program, operates only from 8:00 a.m.-2:00 p.m., four days a week, resulting in gaps in care needed by working parents/caregivers of these children. The majority of survey respondents parenting children ages 0-12, both New Pascua residents and those who did not live on the reservation, desired a program on the reservation that included all day childcare, including afterschool care. There was nearly universal support by interview respondents for Before and Afterschool care for ages 3-5.



5. **A Pascua Yaqui Childcare Center Should Include 24-7 Care for Ages 0-12.** There was nearly universal support for 24-7 childcare for ages 0-12 by interview respondents. The majority of parenting survey respondents desired a program on the reservation that included all day childcare, including afterschool care, with an additional substantial minority specifically desiring 24-7 or overnight and weekend care. The need created by parents/caregivers working late hours at the casino was recognized.
6. **A Pascua Yaqui Childcare Center Should Include Afterschool Programming for Ages 6-12.** Afterschool activities are available for ages 7-18 through the Boys and Girls Club, although child attendance is not monitored and the play area is not under program control; the Wellness Center is also seeking to provide afterschool programming. There are still many gaps to be filled, including afterschool care for young children or children whose parents/caregivers desire monitoring of attendance.
7. **The Budget for a Childcare Center Should Recognize Costs Associated with Start-up and Ongoing Maintenance and Should Integrate Multiple Financial Resources.** The costs of start-up and maintenance of high quality childcare can be high but pursuit of diverse financial resources such as Head Start/Early Head Start funding, local and state preschool and/or 0-3 funding (e.g. First Things First/Quality First), and Arizona DES subsidies can help offset the contribution of parents and the tribe.



## Resources to Guide Childcare Center Implementation

Several resources are provided to support the Pascua Yaqui Tribe in designing and launching a high quality Childcare Center that responds to the wishes of the community.

**State laws.** According to Arizona state law ARS §36-881(3), a child care facility is defined as “any facility in which child care is regularly provided for compensation for five or more children not related to the proprietor.”

Childcare facilities in Arizona are licensed through the Arizona Department of Health Services Bureau of Child Care Licensing. Licensure is guided by the Arizona Administrative Code and Arizona Revised Statutes for Child Care Facilities. Child care licensing is necessary for facilities providing any or all of the following: part time, full time, weekend, evening, and nighttime care. A brief summary of relevant Arizona regulations from the Arizona Department of Health Services Bureau of Child Care Licensing is presented in Appendix 7, but please see complete regulations for thorough guidance.<sup>11</sup>

**Quality standards.** There are various models and measures of quality standards. In Arizona, Quality First, a program of First Things First, has established a statewide standard of quality for early care and education programs and provides some support for quality improvement such as teacher training and the purchase of supportive materials (e.g., books, toys, furniture, and outdoor equipment). Quality First also pay 50% of licensing fees for participating childcare facilities and subsidized childcare at participating childcare facilities for low income families. Using a 5-star rating system, Quality First rates participating childcare facilities on:

- Health and safety practices that promote children’s basic well-being,
- Staff qualifications, including experience working with infants, toddlers and preschoolers as well as training or college coursework in early childhood development and education,

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<sup>11</sup> <http://www.azdhs.gov/als/childcare/documents/rules/bccl-child-care-facility-rules.pdf>



- Teacher-child interactions that are positive, consistent and nurture healthy development and learning,
- Learning environments, including age-appropriate books, toys and learning materials that promote emotional, social, language and cognitive development,
- Lessons that follow state requirements or recommendations for infants, toddlers and preschoolers,
- Group sizes that give young children the individual attention they need, and
- Child assessment and parent communication that keeps families regularly informed of their child's development.

Quality First scores are calculated using uses several tools. The Environment Rating Scales (ERS) and the Classroom Assessment Scoring System PreK (CLASS PreK) used by Quality First are well-known tools used in the child care quality field to assess programs. The criteria they assess are useful indicators of quality childcare.

The ERS (Harms, Clifford, and Cryer) are observational tools used to assess the quality of the environment in early care settings. The Infant-Toddler Environment Rating Scale (ITERS) is designed to assess the quality of care environments serving children birth to 30 months of age and is used in infant and toddler center-based childcare settings. The Early Childhood Environment Rating Scale (ECERS) is designed to assess the quality of the preschool environments (2-5 years of age) located in center-based childcare settings. The Environment Rating Scales are made up of seven subscales which focus on different aspects of the classroom environment, including:

1. Space and Furnishings
2. Personal Care Routines,
3. Listening and Talking (ITERS) or Language-Reasoning (ECERS),
4. Activities,
5. Interaction,
6. Program Structure,
7. Parents and Staff.



Although not in use by Quality First, the ERS observational tools also include a School-age Care Environment Scale (SACERS) which assesses seven subscales of group environments for children of school age, 5 to 12, including items for programs enrolling children with disabilities:

1. Space and Furnishing
2. Health and Safety
3. Activities
4. Interactions
5. Program Structure
6. Staff Development
7. Special Needs

The CLASS PreK (Pianta, LaParo, & Hamre, 2005) for center and home-based programs serving children 36 months–five years of age is an observational assessment of the quality of social-emotional and instructional interactions between teachers and students that contribute to social competence and academic achievement in children. The CLASS measure includes 10 subscales in three domains:

1. Emotional Support, which measures the following:
  - The emotional connection, respect, and enjoyment demonstrated between teachers and children,
  - The level of expressed negativity as exhibited by teachers and/or children,
  - The teachers' awareness of and responsiveness to children's academic and emotional concerns, and
  - The degree to which teachers' interactions with children and classroom activities place an emphasis on the child's interests, motivations, and points of view.
2. Classroom Organization, which measures the following:
  - How effectively the teachers monitor, prevent, and redirect behavior,
  - How well the classroom runs with respect to routines and activities to maximize the time spent for learning, and
  - How teachers facilitate activities and provide support for children to become engaged in learning opportunities.



3. Instructional Support, which measures the following:
  - How teachers support children’s higher order thinking skills,
  - How teachers extend children’s learning through their ideas, comments, and work, and
  - The extent that teachers facilitate and encourage children’s language.

A Toddler version of the CLASS assessment system is under review by Quality First and will be used in the calculation of the star rating starting July 1, 2015.

The Pascua Yaqui tribe currently receives early care and education scholarships through Quality First.

The National Association for the Education of Young Children (NAEYC) is a national quality-monitoring organization that provides accreditation to programs delivering early childhood care and education. While NAEYC accreditation is in no way *required*, the standards of NAEYC serve as a useful guide to the components and strategies considered important to providing the best level of out-of-home care and education for young children. Further, there may be positive financial repercussions related to utilizing nationally accredited programming; for example, the Arizona DES maximum childcare reimbursement rates may be increased by ten percent for child care providers who are nationally accredited. NAEYC accreditation is based on an overall score based on specific criteria in the following ten categories:

#### Standard 1. Relationships

- 1.A. Building positive relationships with families
- 1.B. Building positive relationships between teachers and children
- 1.C. Helping children make friends
- 1.D. Creating a Predictable, Consistent, and Harmonious Classroom
- 1.E. Addressing Challenging Behaviors

#### Standard 2. Curriculum

- 2.A. Curriculum: Essential Characteristics
- 2.B. Areas of Development: Social-Emotional Development



- 2.C. Areas of Development: Physical Development
- 2.D. Areas of Development: Language Development
- 2.E. Curriculum Content Area for Cognitive Development: Early Literacy
- 2.F. Curriculum Content Area for Cognitive Development: Early Mathematics
- 2.G. Curriculum Content Area for Cognitive Development: Science
- 2.H. Curriculum Content Area for Cognitive Development: Technology
- There is no Standard 2.I.
- 2.J. Curriculum Area for Cognitive Development: Creative Expression and Appreciation for the Arts
- 2.K. Curriculum Content Area for Cognitive Development: Health and Safety
- 2.L. Curriculum Content Area for Cognitive Development: Social Studies

#### Standard 3. Teaching

- 3.A. Designing Enriched Learning Environments
- 3.B. Creating Caring Communities for Learning
- 3.C. Supervising Children
- 3.D. Using Time, Grouping, and Routines to Achieve Learning Goals
- 3.E. Responding to Children's Interests and Needs
- 3.F. Making Learning Meaningful for All Children
- 3.G. Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge

#### Standard 4. Assessment of Child Progress

- 4.A. Creating An Assessment Plan
- 4.B. Using Appropriate Assessment Methods
- 4.C. Identifying Children's Interests and Needs and Describing Children's Progress
- 4.D. Adapting Curriculum, Individualizing Teaching, and Informing Program Development
- 4E. Communicating with Families and Involving Families in the Assessment Process.



## Standard 5. Health Standard

- 5.A. Promoting and Protecting Children's Health and Controlling Infectious Disease
- 5.B. Ensuring Children's Nutritional Well-being
- 5.C. Maintaining a Healthful Environment

## Standard 6. Teacher Standard

- 6.A. Preparation, Knowledge, and Skills of Teaching Staff
- 6.B. Teachers' Dispositions and Professional Commitment

## Standard 7. Family Standard

- 7.A. Knowing and Understanding the Program's Families
- 7.B. Sharing Information Between Staff and Families
- 7.C. Nurturing Families as Advocates for Their Children

## Standard 8. Community Relationships Standard

- 8.A. Linking with the Community
- 8.B. Accessing Community Resources
- 8.C. Acting as a Citizen in the Neighborhood and the Early Childhood Community

## Standard 9. Physical Environment Standard

- 9.A. Indoor and Outdoor Equipment, Materials, and Furnishings
- 9.B. Outdoor Environmental Design
- 9.C. Building and Physical Design
- 9.D Environmental Health

## Standard 10. Leadership and Management Standard

- 10.A. Leadership
- 10.B. Management Policies and Procedures
- 10.C. Fiscal Accountability Policies and Procedures
- 10.D. Health, Nutrition, and Safety Policies and Procedures
- 10.E. Personnel Policies
- 10.F. Program Evaluation, Accountability, and Continuous Improvement



In order to be NAEYC accredited, programs *must* meet the following required criteria:

- No physical punishment, psychological abuse or coercion (1.B.09),
- At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training and satisfactory completion of pediatric CPR is always present with each group of children (5.A.03),
- Administrator qualifications (required to achieve Candidacy prior to on-site assessment) (10.A.02), and
- Program is licensed/regulated and in good standing (programs ineligible for regulation must comply with alternative requirements) (10.B.04).
- Teaching staff supervise infants and toddlers/twos by sight and sound at all times (3.C.02) (Infants and Toddlers),
- Infants placed on their backs to sleep on a firm surface that meets the standards of the United States Consumer Product Safety Commission, unless otherwise ordered by a physician (5.A.12) (Infant only),
- Teaching staff supervise children primarily by sight; supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (3.C.04) (Preschool/Kindergarten only).

Details about NAEYC Criteria for Infant, Toddler, and Preschool Care can be found in Appendix 8.

**Early learning program models.** There are various models of early learning programs available. Appendix 9 provides information about core elements of an early learning program that are considered of the highest quality: Educare. The Educare model is a high-quality childcare/learning program for ages 0-5 that is designed to be implemented around a Head Start program. Reviewing these optimal features, along with the tribe's understanding of the core elements of a Head Start program, can help guide the design of a high-quality Childcare Center.



**Budget.** A sample budget can be found in Appendix 10 that estimates start-up costs in Year 1 and annual maintenance costs thereafter.

**Potential Revenue.** Revenues for the Childcare Center may include any or all of the following: parent contribution, tribal contribution, Head Start/Early Head Start funding, local and state preschool and/or 0-3 funding (e.g. First Things First/Quality First), and Arizona DES subsidies.

The Average Daily Charge for Childcare in Pima County, according to the 2012 Child Care Market Rate Survey, can be located in Appendix 11. Some centers provide discounts under certain circumstances such as: more than one child enrolled by a family, advance payment, full day care, being a member of a church, organization or club, individual family circumstances. Eleven facilities in Pima County reported providing late night care (6:30 p.m. – 12:00 midnight), for which few reported charging a fee above the regular hourly fee (n=2). Eleven facilities in Pima County reported providing weekend care, for which fewer than half (n=5) reported charging a fee above the regular hourly fee. Three facilities in Pima County reported providing all night care (12:00 midnight – 6:00 a.m.), for which they did not report charging a fee above the regular hourly fee. As of June, 2014, the Child Resource Center was only able to identify one facility in Pima County providing all night care and that facility (Amani International Preschool and Childcare) reported that they no longer provide all night care due to lack of interest.

The Reimbursement Ceiling for 2014 for Arizona DES Subsidized Child Care in Pima County can be found in Appendix 12. The maximum reimbursement rates may be increased by ten percent, for child care providers who are nationally accredited (e.g., NAEYC accreditation).

**Additional Resources for Starting a Child Care Center.** The United States Department of Agriculture has developed a resource guide for starting a Childcare Center, including possible funding sources, which is included in Appendix 13.



## **Appendix 1. Childcare and Child Supervision Resources Currently Available in the Pascua Yaqui Community: Family Home Providers, Ili Uusim Mahtawapo, the Boys and Girls Club, and the Wellness Center**

### **In Home**

There are currently 12 Family Home Providers in New Pascua providing childcare that is subsidized by the tribe. All of these providers are certified/licensed through a common licensing process. Parent/guardians can only qualify for subsidized childcare for tribally-enrolled children. Additionally they must meet income requirements. There are also an undesignated number of non-certified relative providers (NCRP's) who provide childcare that is subsidized through DES.

### **Head Start**

The Pascua Yaqui Head Start program (Ili Uusim Mahtawapo or "Where Little Children are Taught") is located on the Pascua Yaqui reservation at 5060 W. Calle Tetakusim. Head Start is a federal program intended to promote the school readiness of children from low-income families by enhancing their cognitive, social and emotional development. Pascua Yaqui's Head Start program has been in operation since 1984.

The Pascua Yaqui Head Start program provides preschool programming and is available for children 3-5 years old, both tribal and non-tribal, living on the reservation, or within a five mile radius of Pascua Pueblo. Enrollment at Ili Uusim Mahtawapo is free. Children qualify for the program through a selection process based primarily on income (or lack of income). Children also receive higher priority if they come from a single parent household or are foster children, enrolled tribal members, enrolled in another tribe, or if they have an Individualized Education Plan (IEP) indicating special education needs. Students attend from 8:00 a.m. to 2:00 p.m. Monday through Thursday during the school year. On Fridays, sometimes there is a ½ day and sometimes there is no class. The Pascua Yaqui Head Start program follows the Yaqui calendar of holidays. This is not the same calendar followed by TUSD.



Although Ili Uusim Mahtawapo has not offered summer programming in the past, this year (2014), in conjunction with Sewa Uusim, Ili Uusim Mahtawapo will be providing a summer program focusing on science, math, language, and culture. The 4-week “science camp” will be financed by Head Start and Project Launch (grant-funded tribal programming to address service gaps for children 0-8 and increase access to mental health services providers). It will operate from 8:00 a.m. – 2:00 p.m. during the school week and be available for qualified children ages 3-7.

In previous summers, children were able to fill vacancies in the Jumpstart program at Johnson Elementary School (6060 S. Joseph Ave, Tucson, AZ 85757), which was designed to provide early education programming for children *not* receiving Head Start; however, TUSD is no longer funding the Jumpstart Program.

Pascua Yaqui Head Start has three classrooms for 3-year-olds with a capacity for 17 children per class, and five classrooms for 4-year-olds (with a capacity for 18 children per class). The Ili Uusim Mahtawapo had 141 enrolled children in the spring semester of 2014. Seventy-two children, those most eligible according to the point system based on need, are enrolled through the Head Start funding stream. An additional 69 children are enrolled through a tribal funding stream; these children are typically Head Start eligible but not ranked high enough according to the point system.

As of April, 2014, there were about 23 children on the Pascua Yaqui Head Start waiting list. It was not operating at capacity, having recently lost 2-3 students but those slots were unlikely to be filled because the school term was ending. Turnover is typically caused by: 1) a change of foster home by state CPS, 2) families moving, and 3) children being moved to special program they’ve been waiting for (e.g., Blake Foundation); however, they don’t always know why children have left the program.

The Pascua Yaqui Head Start program operates according to federal Head Start regulations. Head Start requires use of an evidence-based curriculum. Pascua Yaqui Head Start has been using Houghton Mifflin’s Where Bright Futures Begin for two years and 91% of the children have met or exceeded the kindergarten benchmarks. Pascua Yaqui Head Start also integrates the Hiaki language and culture into the curriculum.



The Pascua Yaqui Head Start facility was built with grant funding and opened in 2002. Classrooms are spacious. The Yaqui language (Hiaki) and culture is displayed throughout the school. The Pascua Yaqui Head Start building includes a kitchen and breakfast, lunch and snacks are provided. The Pascua Yaqui Head Start program has a playground adjacent to the building that is developmentally appropriate for 3-4 years olds and is only for Head Start children.

Parents can provide transportation to and from the Ili Uusim Mahtawapo program; in the alternative, the program provides transportation for children. According to Head Start staff, parents/caregivers who work at the casino have trouble picking their children up and dropping them off at Head Start due to work hours that do not coincide with school start and end times. Many students go to childcare providers after school. According to regulations, children must be dropped off after school at the same location where they are picked up in the morning.

There are eight lead teachers and eight co-teachers. The lead teachers all have a Bachelor's degree or have an Associate's degree and are working towards a Bachelor's degree. The assistant teachers all have an Associate's degree or are working towards one. Four of the lead teachers are enrolled members of the Pascua Yaqui tribe and 2 more are of Yaqui decent. Six of the co-teachers are enrolled members of the Pascua Yaqui tribe and a fifth is married to a tribal member. Other staff include:

- Director
- Family Engagement Coordinator
- Intervention Specialist (Disabilities Coordinator)
- Licensed Practical Nurse (Health Coordinator)
- Curriculum Supervisor (Education Coordinator)
- Transportation/Safety Coordinator
- Kitchen Supervisor

According to the Pascua Yaqui Head Start director, their current budget is approximately \$1,000,000, with the majority of funding provided by Head Start and about 20% provide by the tribe. The tribe also absorbs costs such as the dentist and the community health nurse. The Pascua Yaqui Head Start building was initially grant-funded.



Pascua Yaqui Head Start is investigating the possibility of obtaining funding for Early Head Start, which serves children 0-2. If implemented, these young children are likely to need afterschool care similar to that of the current students age 3-5.

### **Boys and Girls Club**

The Pascua Yaqui Boys and Girls Club clubhouse is located on the Pascua Yaqui reservation at 5010 W. Calle Torim. It is a facility associated with Boys and Girls Club of America and has been in operation since 1999.

The Pascua Yaqui Boys and Girls Club is open from 3:00 p.m. to 8:00 p.m. Monday through Friday during the school year and 9:00 a.m. to 4:00 p.m. during the summer. It is available to both tribal and non-tribal children ages 7-18 for afterschool activities. On four days of the week there is an extra hour from 8:00 to 9:00 p.m. dedicated to the teens. Children enroll in the Boys and Girls Club for \$10.00 per session. Both the child and a parent/caregiver complete and submit registration paperwork.

Children are dropped off at the clubhouse by school bus, parents/caregivers, or walk, and are picked up by a parent or walk home; the Boys and Girls Club does not provide transportation from school or to home. Attendance is not regulated by the staff; children may come and go as they please during working hours. Although they sign themselves in, children do not sign out. The director noted that to operate in a more formal manner would require them to operate as a childcare facility, along with greater regulations. At this time the Pascua Yaqui Boys and Girls Club operates according to the Boys and Girls Club of America regulations and with an open door policy under special exemption from child care regulations by the Arizona legislation.

The Pascua Yaqui Boys and Girls Club is housed in a large “portable” that was installed as a temporary facility 14 years ago with plans to build a more permanent structure that has not yet happened. The building is well equipped with a large activity room, a kitchen, an art room, a technology room (with several donated, state of the art computers), and a teen room, as well as office space for staff. Specific staff members are assigned to supervise structured sports, art, and technology activities and classes. Computer usage is supervised at all times and use of computers for social networking is prohibited. Books for younger and older children are plentiful. The Pascua



Yaqui Boys and Girls Club also has a van to provide transportation for field trips. Snacks are provided. Full meals are not provided (except on special occasions such as a barbeque).

There are three full time and five part time staff. Four of the staff are tribally enrolled Yaqui and two attended the Pascua Yaqui Boys and Girls Club as children. The current staff is young and enthusiastic. It was clear that they are invested in the children attending the Pascua Yaqui Boys and Girls Club. Their education levels range from high school to Master's degree. Their goal is to make "every day a party" so that the children will return regularly.

The first hour of daily operation during the school year is designated for homework with assistance provided. Programming designed to promote academic achievement is available on a regular basis, including Power Hour (homework assistance and other "high yield learning activities"), training in specific technology skills, and field trips to visit local colleges. Programming designed to promote life skills is available on a regular basis, including money management and social skills and awareness (e.g., Passport to Manhood, SMART Girls, and Date SMART). Programming designed to promote youth character development is also available on a regular basis, including Youth Mentoring, the Keystone Club (which promotes community service), and leadership activities at the local, state, and national level.

The Pascua Yaqui Boys and Girls Club is adjacent to a large community playground with basketball courts, a large playset, and other amenities. The Pascua Yaqui Boys and Girls Club has full access to the playground but does not control it; hence there are occasions when individuals who are *not* Boys and Girls Club members or staff are using the playground, including adults, and this cannot be controlled by the Pascua Yaqui Boys and Girls Club.

The Pascua Yaqui Boys and Girls Club has over 300 enrolled children currently, of whom approximately 100 children attend on a given school day. This facility has seen an increase in attendance in recent years.

### **Wellness Center**

The Pascua Yaqui Wellness Center is located at 5305 W. Calle Torim. It is open six days a weeks (Monday-Thursday 6:00 a.m. -9:00 p.m., Friday 6:00 a.m.-6:00 p.m., and Saturday 8:00 a.m. – 12:00 p.m.) and has been in operation since 2008. The goal of the Wellness Center is to increase physical activity of community members to reduce the risk for diabetes.



The large building contains many facilities and activities designed to promote health for community members, including children. The building was funded by HUD and designed to be constructed in three phases. The first two phases have been completed and a third and final phase in the planning stage. The third stage will include a skate park, a second gym for youth, and additional office space.

Use of the Wellness Center is free to users. While some Wellness Center features are available only to Pascua Yaqui community members (tribally enrolled individuals and their dependents and tribal employees), as part of the building funding arrangement, the gymnasium and swimming pool are available for use by individuals from outside of the Pascua Yaqui community during certain hours.

Many activities are available for children but most require some level of supervision by an adult caregiver, especially for children under 16 or under 12.

The Wellness Center building includes a basketball gym, workout room, and aerobics room. A boxing gym is available for 16 and over without supervision and for youth 13-15 with adult caregiver supervision. Additional supervision is provided by a boxing coach.

The Wellness Center also includes a “Mosaic Room” and a kiln for tile work. Two Pascua Yaqui instructors provide art instruction for kids through Sewa Uusim and Centered Spirit, Monday through Friday from 3:00 -6:00 p.m. Open studio is also provided for children to participate in but it is not a formally supervised activity.

The Wellness Center also has two swimming pools which are open daily from 10:00 a.m. – 6:00 p.m. during the summer months. Life guards are on duty at all times. Children 10 and over can be in the pool without parental supervision. Children under 10 need to be supervised by an adult caregiver (in addition to the lifeguards). Children who cannot swim are not allowed in the deeper of the two pools without caregiver supervision. There is also a splash pad for young children but it is currently underused, possibly because of inadequate shading; a shade for it will be installed in the summer of 2014.



The grounds of the Wellness Center include baseball and softball fields and are available for community use. The fields are typically used for adult games and Little League activities in the evenings and weekends. Although Wellness Center staff manage the scheduling of sports field activities, these activities are not typically *supervised* by Wellness Center staff. Horse activities are coordinated by Sewa Uusim at a facility adjacent to the fields.

Between the Wellness Center and Tohono O’Odham land, there is a large park and playground that are open to the public. Activities there are not typically supervised by Wellness Center staff. The space includes shaded, high quality play equipment for school-age children, a basketball court, a volleyball court, and six ramadas. The park has generous lighting; however, the lighting is frequently vandalized and replacement bulbs are expensive to replace so the park is not necessarily well-lit at night. There is also a soccer park across the street to the north, although activities there are not monitored by the Wellness Center.

The Wellness Center currently provides minimal child-specific programming during the year. The Wellness Center administers the “Fit Kids” program for one hour, twice a week, for ages 5-12. The Wellness Center also administrates a program for 16-18 year olds that is funded by the casino in the summer. Conducted on Friday and Saturday evenings only, youth who are participating in this program are transported by Wellness Center staff to athletic events where they learn about scorekeeping and concessions management.

The Wellness Center provides more extensive child-specific programming during the summer. Swimming lessons are provided by Wellness Center staff in the summer for tribally enrolled and for dependents of tribally enrolled. There is a summer camp program called “CATCH” (Coordinated Approach to Childhood Health) for ages 8-16 from 8-5, Monday through Friday. Up to 40 children can be enrolled per 3-week session. Children must be tribally enrolled or a dependent of a tribally enrolled person. It is funded by the Diabetes Program and utilizes current Wellness Center staff and WIA workers; some collaboration with Sewa Uusim is anticipated (e.g. horse activities) and Centered Spirit (e.g., cooking classes). No transportation to or from camp is provided. CATCH collaborates with Centered Spirit on lunch for



campers, which is prepared in the kitchen facility of the Wellness Center. Centered Spirit conducts some summer camp activities at the Wellness Center, although their program is available only to children receiving services through Centered Spirit and is not full week.

The Wellness Center is not a childcare facility and was not designed nor staffed with supervision of children as a primary focus. There are current issues with children being left at the Wellness Center with the expectation that the children will be supervised by the staff. Parents/caregivers have asked that childcare be provided but Dr. Apryl Krause indicated that there is not currently sufficient staff nor space at the Wellness Center to provide childcare.

While an ID system for adults is expected by early in the summer of 2014, there are no current plans to ID children using the Wellness Center. The lack of formal identification of children raises some safety concerns because staff cannot verify the age-appropriateness of children participating in activities that require adult supervision for children under a certain age. A concern is that children may misrepresent their age to Wellness Center staff in order to participate in activities for which they are too young. The Wellness Center staff have recently begun registering children for pool use and anticipate using an anticipated computer system to monitor gym entrance for children coming unmonitored (i.e., on their own as opposed to with a program where they are already monitored).

The Wellness Center is hoping to expand its programming for children in the near future. According to Dr. Krause, they are planning to provide an afterschool program next year, beginning in August of 2014 or January of 2015, for ages 8-16 or 8-18 that would be funded by the Diabetes program. Afterschool activities would be run until 5 or 6 p.m. There would be a limit to the number of kids that could enroll but this has not yet been specified. The Wellness Center attempted to provide afterschool care once before but not enough children enrolled, possibly due to their proximity to the Boys and Girls Club. They plan to conduct more outreach this time.

Future activities are expected to be available for children at the Wellness Center when the third phase of building is completed. A basketball gymnasium for children is included in the design, where activities would be monitored. The design also includes a skate park, although this would be outside and unmonitored.



## Appendix 2. Survey Pascua Yaqui Tribe Social Services Child Care Feasibility Study

Hello! This study is to find out your opinions about what may be needed for child care services for our children and families on the Pascua Yaqui Reservation. What you share is kept confidential and no one will be identified in any report. We will be using this information to respond to our community needs regarding child care services.

1. Do you feel a child care facility is needed on the Pascua Yaqui Reservation?  
Yes\_\_\_\_\_ No\_\_\_\_\_
2. Why or why not is a child care facility needed?
3. Are you in need of child care services? Yes\_\_\_\_\_ No\_\_\_\_\_   
If no, your feedback is still needed:
4. Given a choice, which of the following child care arrangements would you prefer? (select one) \*put an "X" or check mark in the appropriate choice.

On Reservation Child Care Center:

1. All day child care \_\_\_\_\_
  2. Before and After School Child Care \_\_\_\_\_
  3. 24/7 (day and night, 7 days a week) child care \_\_\_\_\_
  4. Other (Ex. Respite care, emergency drop off, etc.): \_\_\_\_\_
5. What is your relationship to the child(ren) in need of child care? (Select One)  
\*Fill in "Other" if no applicable option is available.

Parent \_\_\_\_\_  
Grandparent \_\_\_\_\_  
Other Relative \_\_\_\_\_  
Foster Parent \_\_\_\_\_  
Legal Guardian \_\_\_\_\_  
Other: \_\_\_\_\_



6. In which Tribal Community listed below do you live in? (Select One)  
 \*Fill in "Other" if no applicable option is available.

None \_\_\_\_\_  
 Barrio Libre \_\_\_\_\_  
 New Pascua \_\_\_\_\_  
 Old Pascua \_\_\_\_\_  
 Yoem Pueblo \_\_\_\_\_  
 Other: \_\_\_\_\_

7. Which of the following best describes your Work\_\_\_\_ or School\_\_\_\_ schedule?  
 (Select One)

Full time (40 or more hours a week) \_\_\_\_\_  
 Part Time (30 or less hours a week) \_\_\_\_\_  
 Stay At Home \_\_\_\_\_  
 Retired \_\_\_\_\_  
 Unemployed, Seeking Work \_\_\_\_\_

8. Do you utilize or need child care between the hours of 5 PM and 6 AM?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

9. If you need child care for **Tribally Enrolled children** enter the number of children that **use** \_\_\_\_\_ **child care** in each category and age grouping below. \*Enter the Number of children per age group.

| Child care category                 | Age 0 – 2<br>Years | Age 3 – 5<br>Years | Age 6 – 12<br>Years |
|-------------------------------------|--------------------|--------------------|---------------------|
| In home by me or a household member |                    |                    |                     |
| Family                              |                    |                    |                     |
| Friend                              |                    |                    |                     |
| Licensed Family Care Home           |                    |                    |                     |
| Licensed Centers                    |                    |                    |                     |
| Preschool                           |                    |                    |                     |



10. If you need child care for **Non-Tribal children** enter the number of children that **use child care** in each category and age grouping below. \*Enter the Number of children per age group.

| <b>Child care category</b>          | <b>Age 0-2<br/>Years</b> | <b>Age 3 – 5<br/>Years</b> | <b>Age 6 – 12<br/>Years</b> |
|-------------------------------------|--------------------------|----------------------------|-----------------------------|
| In home by me or a household member |                          |                            |                             |
| Family                              |                          |                            |                             |
| Friend                              |                          |                            |                             |
| Licensed Family Care Home           |                          |                            |                             |
| Licensed Centers                    |                          |                            |                             |
| Preschools                          |                          |                            |                             |

11. If you need child care for **Tribally Enrolled children** enter the number of children that **have an immediate or future need of out of home child care**. \*Enter the Number of children per age group.

| <b>Child care category</b>                              | <b>Age 0 – 2<br/>Years</b> | <b>Age 3 – 5<br/>Years</b> | <b>Age 6 – 12<br/>Years</b> |
|---|----------------------------|----------------------------|-----------------------------|
| Immediate need for out of home child care               |                            |                            |                             |
| Anticipate needing out of home child care in the future |                            |                            |                             |

12. If you need child care for **Non-Tribal children** enter the number of children that **have an immediate or future need of out of home child care**. \*Enter the Number of children per age group.

| <b>Child care category</b>                              | <b>Age 0 -2<br/>Years</b> | <b>Age 3 – 5<br/>Years</b> | <b>Age 6 – 12<br/>Years</b> |
|---|---------------------------|----------------------------|-----------------------------|
| Immediate need for out of home child care               |                           |                            |                             |
| Anticipate needing out of home child care in the future |                           |                            |                             |



13. Select the reasons that out-of-home child care is needed? (Select all that apply)

\*Put an "X" or a check mark in the appropriate choices.

Due to need to work \_\_\_\_\_

Due to parent attending school (educational setting, training) \_\_\_\_\_

Due to parent job searching \_\_\_\_\_

To provide an educational or social environment \_\_\_\_\_

To give the parent some relief \_\_\_\_\_

To fill in gaps left by the main provider or before/after school \_\_\_\_\_

Was not satisfied with previous care arrangement \_\_\_\_\_

Previous provider stopped providing care \_\_\_\_\_

14. Select the statement that best describes whether your current child care needs are being met.

(Select one) \*Put an "X" or a check mark in the most appropriate choice.

Very Good at this time; most all of my child care needs are met \_\_\_\_\_

Somewhat Good at this time; only some of my child care needs are met \_\_\_\_\_

Not Very Good; few if any of my child care needs are met \_\_\_\_\_

15. Please explain why you feel child care needs are, or are not being met.

16. Select the importance of each consideration in regards to choosing a child care provider.

\*Please fill in only one Importance level per category.

|   | Very<br>Important     | Somewhat<br>Important | Not Very<br>Important |
|---|-----------------------|-----------------------|-----------------------|
| Provider has a nurturing environment  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provider is able to prepare a child to enter school/kindergarten (school readiness) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provider is reliable and consistent   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child will be safe  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child care is affordable  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care arrangement is flexible for parent   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



17. Select the importance of each barrier that parents face in regards to choosing a child care provider. \*Please fill in only one Importance level per category.

|   | Very<br>Important     | Somewhat<br>Important | Not Very<br>Important |
|---|-----------------------|-----------------------|-----------------------|
| Transportation Issues                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost – Affordability                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provider is reliable and consistent         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of Availability (Center not available) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child care is affordable                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Schedule – Hours Not Convenient             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other: _____                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. Please list other barriers related to choosing a Child Care Provider:

19. If you want to be contacted regarding this survey please enter your name and a contact number.

\*Optional

Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Thank you for completing this survey, you will receive a raffle ticket and will be entered in a drawing for a \$100.00 Walmart gift card. If you want more information, please contact Rosie Gutierrez at (520) 879-5616, Social Services Department, 4730 W. Calle Tetakusim. GOOD LUCK!



## Appendix 3: Interview Questions

This interview is to find out your opinions about what may be needed for child care services for children and families on the Pascua Yaqui Reservation. What you share is kept confidential and no one will be identified in any report. We will be using this information to help us understand community needs regarding child care services and whether a Childcare Center would be helpful to the community. A Childcare Center can provide care for babies, toddlers and children, and may house other services such as a pre-school program and classes for parents.

[*If relevant*] I would like to tape record this interview to help me correctly remember the information you share with me. The tape recording would only be available to me and the staff at my office. What you share is kept confidential and no one will be identified in any report. Is it OK for me to tape record our conversation?

### Section 1. Needed Services and Preferences

1. What do you think are the greatest challenges that parents face when choosing a child care provider? (e.g., transportation, cost, lack of availability, poor quality of care, hours not convenient)?
2. What characteristics of out-of-home childcare do you feel are *most* important (e.g. nurturing environment, able to promote school readiness, reliable, safe, affordable, flexible hours)?
3. Do you think that a Child Care Center in the Pascua Yaqui Tribal Community would help meet community childcare needs? Why or why not?
4. Do you foresee any problems or challenges for *the community* that could arise from introducing a Child Care Center into the Pascua Yaqui Tribal Community?
  - a. Do you foresee any problems or challenges for *yourself* that could arise from introducing a Child Care Center in the Pascua Yaqui Tribal Community?
5. From your perspective, which of the following child-related services would you like to see provided or expanded in the Pascua Yaqui Tribal Community?
  - \_\_\_ A Learning Center for ages 0-5 with classrooms for infants, toddlers, and preschool-age children
  - \_\_\_ Before and Afterschool care for elementary age children 5-12
  - \_\_\_ Before and Afterschool care for preschool-age children 3-5 (including Head Start)
  - \_\_\_ 24/7 or around the clock Childcare for age 0-12



- \_\_\_ 24/7 or around the clock Childcare for age 13-17
- \_\_\_ Overnight Emergency Respite for boys and girls ages 0-17 (for immediate, short-term placement of children removed from home by CPS or other authorities)
- \_\_\_ A Child Advocacy Center (for initial intake of children removed from home by CPS or other authorities)
- \_\_\_ Training and workshop opportunities about child development for parents and the community of learners.

6. Are there any other child-related services I did not mention that you would like to see provided or expanded in the Pascua Yaqui Tribal Community?

**Economic feasibility**

7. The building of a Child Care Center is typically regulated and held to certain standards that may not be available on the Pascua Yaqui Reservation right now. Quality features such as developmentally appropriate learning and play areas for babies, toddlers, and older children, separate sleeping quarters for boys and girls may also require a space or building that is not available in the Pascua Yaqui Community right now. Would you support a new building that could be designed and built to meet these standards? Why or why not?
- a. If yes, would you support this building also housing other child-related services such as social service office space?
8. Do you have any additional thought you would like to share?

**[The following questions were also asked of parent respondents]**

1. Are there children in your family life between the ages of 0 and 12? [*Probes: These do not have to be their biological children*] **[If respondent does not have children, skip to Section 2]**
- a. What is your relationship to this/these child(ren)?
  - b. What is/are the age(s) and genders of this/these child(ren)?
2. Do any of these children require regular *out-of-home* childcare? \_\_\_ YES \_\_\_ NO
- [*Probes: Types of care may include daycare, afterschool care, before school care, overnight care*]
- a. If childcare is *not* needed, how are these children usually cared for? **[If childcare is not needed, skip to Question 3]**



- b. If childcare is needed, what are the reasons there is a need for childcare for this/these child(ren)?
  - c. What kind of childcare is needed for this/these child(ren)? [*Probes: What days of the week? What time of day? What length of time? What months of the year?*]
  - d. What type or types of childcare do they currently receive (e.g., family/friend, licensed family care home, childcare centers, preschool, before/afterschool)?
  - e. Are there available services in the community to meet the childcare needs of this/these child(ren)? If there are not enough services, what is not available?
3. Do you think that a Child Care Center in the Pascua Yaqui Tribal Community would help meet your *personal* childcare needs? Why or why not?

**[The following questions were also asked of professional respondents]**

1. Are you in a position where you work directly or indirectly with children between ages 0 and 17? Please describe how you come into contact with children through your work. [*Probes: What ages of children? What kind of professional responsibility do you have to provide care or get care for these children?*]

**[If respondent does not come in contact with children through their work, skip to Section 2]**

2. Do you think that a Child Care Center in the Pascua Yaqui Tribal Community could help meet your *professional* childcare needs? Why or why not?



## Appendix 4. Barriers that Parents Face in Choosing a Childcare Provider

Respondents reported on barriers in choosing a childcare provider/center that are faced by parents, rating the following specific barriers on a scale from “very important” to “not very important”:

- Hours not convenient
- Transportation issues
- Lack of available center
- Affordability
- Quality is not good

Respondents considered all of the listed barriers important but especially inconvenient hours and transportation issues. (See Exhibit 4A).

*Exhibit 4A. Weight of barriers to choosing childcare*

| Barriers  | Very important | Somewhat important | Not very important |
|---|----------------|--------------------|--------------------|
| Hours not convenient (n=106 <sup>12</sup> )     | 96%            | 2%                 | 2%                 |
| Transportation issues (n=191)                   | 93%            | 6%                 | 1%                 |
| Lack of available center (n=105 <sup>13</sup> ) | 91%            | 6%                 | 4%                 |
| Affordability (n=187)                           | 87%            | 11%                | 2%                 |
| Quality is not good (n=188)                     | 84%            | 14%                | 3%                 |

Asked to identify barriers not listed, 71 respondents provided details about other barriers that are faced when choosing a childcare provider. Themes of the responses included:

- Location (which they distinguished from “transportation issues”),
- Finding a provider you trust,
- Finding a provider with the programming you want,
- Finding a provider with the characteristics you want,
- Finding a provider that meets your child’s needs,
- Family/friends,
- Needs of family members who provide care,
- The time it takes for someone to become certified,

<sup>12</sup> This question was not on all versions of the survey collected

<sup>13</sup> This question was not on all versions of the survey collected



- Not qualifying for a desired provider, and
- Limitations of un-formalized permanent caregiver arrangement

Sub-themes are listed below. Sample responses are provided below for each sub-theme for which there were 3 or more responses.

### **Finding a provider you trust**

Respondents indicated that a barrier for parents in choosing a childcare provider or center is finding a provider you can trust. See below for sub-themes related to finding a provider you trust as a barrier in choosing a childcare provider:

| <b>Sub-theme</b>  | <b>Number of responses</b> | <b>Sample response</b>  |
|---|----------------------------|---|
| Trust the people or facility  | 10                         | “Being uncomfortable with having someone, other than family, watch and care for my children.” |
| Finding providers with trained, experienced staff                         | 7                          | “Training for the child care provider, topics related to child development.”                  |
| Finding care where staff are background-checked                           | 4                          | “Employees/Staff must have complete background clearance for child care.”                     |
| Like the staff  | 2                          |   |
| Finding providers with staff certified to address emergencies (e.g., CPR) | 1                          |   |



### **Finding a provider with the programming you want**

Respondents indicated that a barrier for parents in choosing a childcare provider or center is finding a provider with the programming you want. See below for sub-themes related to finding a provider with the programming you want as a barrier in choosing a childcare provider:

| <b>Sub-theme</b>                       | <b>Number of responses</b> | <b>Sample response</b>  |
|--|----------------------------|---|
| Finding an educational setting         | 4                          | “The lack of educational enrichment that is not been provided, most especially if provider is not trained in that field.” |
| Finding a culturally-informed provider | 1                          |   |



### Finding a provider with the characteristics you want

Respondents indicated that a barrier for parents in choosing a childcare provider or center is finding a provider with the characteristics you want. See below for sub-themes related to finding a provider with the characteristics you want as a barrier in choosing a childcare provider:

| Sub-theme   | Number of responses | Sample response   |
|---|---------------------|---|
| Finding safe, sanitary setting                          | 12                  | "Kids are not safe and/or not be taken care of correctly. Child care center is dirty and not a good environment for the kids."  |
| Finding a reliable setting                              | 9                   | "[T]eacher/child care provider is reliable."  |
| Finding a setting with needed/expanded/flexible hours   | 7                   | "Work Schedule for my husband. No set hours always on call. Allot of center or private providers will not work with "Drop Ins". It has been diffucult to find a provider who will allow my husbands work schedule." |
| Satisfactory child/staff ratio                          | 3                   | "[H]ow many kids to a person."  |
| Finding a quality setting, certified setting            | 2                   |   |
| Transportation of child from school to afterschool care | 2                   |   |
| Finding a setting with patient staff                    | 1                   |   |
| Controlled setting (non-caregiver adults not present)   | 1                   |   |



### **Finding a provider that meets your child’s needs**

Respondents indicated that a barrier for parents in choosing a childcare provider or center is finding a provider that meets your child’s needs. See below for sub-themes related to finding a provider with the characteristics you want as a barrier in choosing a childcare provider:

| <b>Sub-theme</b>                                     | <b>Number of responses</b> | <b>Sample response</b>   |
|--|----------------------------|--|
| Provider can meet the need of special needs children | 4                          | “[T]he ability to provide care and consideration for a child with disabilities such as hearing loss. [M]y daughter is moderately deaf and its hard ot find someone to care for her that will be considerate of her limitations.” |
| Child's happiness                                    | 3                          | “Child is not happy to be left at child care provider/center.”   |
| Age limitation of provider                           | 1                          |  |
| Able to meet needs of distinct children              | 1                          |  |

### **Location (which they distinguished from “transportation issues”)**

Respondents indicated that a barrier for parents in choosing a childcare provider or center is location. See below for sample responses of this theme, which did not include sub-themes:

| <b>Theme</b> | <b>Number of responses</b> | <b>Sample response</b>   |
|--------------|----------------------------|--|
| Location     | 10                         | “The location. Having to drive quite a ways to the providers home than retract to go to work.” |



**Family/friends**

Two respondents indicated that a barrier for parents in choosing a childcare provider or center is family/friends.

**Needs of family members who provide care**

One respondent indicated that a barrier for parents in choosing a childcare provider or center is the needs of family members who provide care.

**The time it takes for someone to become certified**

One respondent indicated that a barrier for parents in choosing a childcare provider or center is the time it takes for someone to become certified.

**Not qualifying for a desired provider**

One respondent indicated that a barrier for parents in choosing a childcare provider or center is not qualifying for a desired provider.

**Limitations of un-formalized permanent caregiver arrangements**

One respondent indicated that a barrier for parents in choosing a childcare provider or center is the limitations of an un-formalized permanent caregiver arrangement.



## Appendix 5. Reasons Survey Respondents Support a Childcare Center

All 193 survey respondents (100%) indicated that they felt a childcare facility is needed on the Pascua Yaqui reservation. Many (167) provided a further explanation as to why they believe that a Childcare Center is needed.

Responses highlighted opinions that it would benefit the tribe in general, such as:

“Socially, this would help our reservation and our children. This is currently, one of our greatest needs (along with reform of CPS and caring for our foster kids) We need safe, quality, 24 hour childcare and we need it yesterday.”

“There will always be a need in child care and a facilities would be wonderful. I am really looking forward to seeing a center go up pretty soon.”

“[T]he need is very important not just to the single mothers but to the community.”

Themes that were evident included that there is not enough suitable care on or near the reservation, the ability of a Childcare Center to meet the needs of children in the tribal community, the ability of an on-site Childcare Center to respond to the hours of care needed by members of the tribal community (e.g. late hours for casino workers), benefits to the tribe as a whole (e.g., by reducing tardiness and absences for tribal employers), childcare needs of particular populations (e.g., working parents, parents in school), easing parents’ burden, the convenience of close proximity, affordability, and sense of trust.

Sub-themes are listed below. Sample responses are provided below for each sub-theme for which there were 3 or more responses.



### **There is not enough suitable care on or near the reservation**

Respondents recognized that there is not enough suitable care on or near the reservation. See below for sub-themes related to the lack of suitable care on or near the reservation that could be addressed by a tribal Childcare Center:

| <b>Sub-theme</b>                                       | <b>Number of responses related to this sub-theme</b> | <b>Sample response</b>   |
|--|--|--|
| Reliable/Home providers not reliable enough            | 12   | Example: "We need reliable providers that are guaranteed to be there every working day of your time hours and time schedule."        |
| Lack of family/friends to provide care                 | 9  | "Not everybody has a family member or friend that can watch their children and it would be fair to everybody to provide a facility." |
| Limited childcare resources on or near the reservation | 8  | "There is limited space at our headstart as well as a need of a childcare facility for employees with non-tribal children."          |
| Ease burden for family who provide care                | 4  | "It will also give family who do not work because they care for relatives children a chance to find employment."                     |
| Home provider not safe enough                          | 1  |  |
| Providers have inadequate resources (e.g., room)       | 1  |  |



## The ability of a Childcare Center to meet the needs of children in the tribal community

Respondents recognized the ability of a Childcare Center to meet the needs of children in the tribal community. See below for sub-themes related to how a Childcare Center could meet the needs of children in the tribal community:

| Sub-theme                                    | Number of responses related to this sub-theme | Sample response   |
|--|---|---|
| Safe environment for kids                    | 9   | "To know that it is more secure and safe. Rather than in [one's] home where there is possibly of uncontrollable neighbors or activity."   |
| Qualified/certified/trustworthy staff        | 5   | "[S]o we have a closer option of a child care where trained/experienced [professionals] take care of children."   |
| Provide early education to benefit children  | 4   | "Early childhood education is one of the greatest ways to propel a child forward in life. A childcare center that also does some ECE could help the Tribe's educational outcomes...." |
| Socialize children/social skills             | 4   | "I would like to see my child engaged in positive social activity with her peers throughout the year...."   |
| Nurturing/enjoyable environment for children | 4   | "[M]ost importantly in the care of individuals-[is preferably]-community members who can care [for] and teach the child the way they would be at home."                               |
| Stability                                    | 4   | "[S]o that kids can have a designated child care area. Currently my child goes to a different place every day."   |
| Quality care                                 | 3   | "We have a lot of working families who would like quality child care in a child care facility setting"  |
| Structure for children                       | 3   | "[To keep [children] productive instead of having them watch tv or video games."  |



**The ability of a tribal Childcare Center to respond to the hours of care needed by members of the tribal community**

Respondents recognized the ability of a tribal Childcare Center to respond to the hours of care needed by members of the tribal community. See below for sub-themes related to benefits to the tribe of a tribal Childcare Center:

| Sub-theme   | Number of responses related to this sub-theme | Sample response  |
|---|---|--|
| Extended hour of availability (e.g. for casino employees) | 16  | "I work 8-5pm and at least two nights a week along with some weekends. I need child care to work and ultimately take care of my family."         |
| Flexibly, emergency, or short term availability           | 4   | "Helps to avoid being late to work if sitter is sick or out of town."  |
| Afterschool care  | 3   | "Some parents have no after school child care and their children are too young to go to boys and girls club (they don't meet age requirements)." |
| All day care  | 1   |  |



### Benefits to the tribe as a whole

Respondents recognized the ability of a tribal Childcare Center to benefit the tribe as whole. Speaking globally about the potential benefit to the tribe, a respondent noted, “The Tribe would benefit by having high quality affordable daycare available for the children of tribal employees because it would improve quality of life for employees and their families. This in turn would make the Tribe more competitive in attracting and retaining employees.” See below for sub-themes related to benefits to the tribe of a Childcare Center:

| Sub-theme   | Number of responses related to this sub-theme | Sample response  |
|---|---|--|
| Benefit tribal employers (e.g. by reducing absences/tardies, increasing morale) | 14  | “It would be great if a facility was available for child care on a regular and permanent basis. It would cut down PTO or late arrivals to work and early leave.” |
| Create jobs   | 3   | “It will also create jobs for caregivers and people who have a calling to be with the little ones.”  |
| Cultural component possible   | 2   |  |



### Childcare needs of particular populations

Respondents recognized the ability of a tribal Childcare Center to address the needs of particular populations. The most dominant theme of the entirety of responses was the ability of a tribal Childcare Center to address the needs of working parents. See below for sub-themes related to the ability of a tribal Childcare Center to address the needs of particular populations:

| Sub-theme                         | Number of responses related to this sub-theme | Sample response  |
|-----------------------------------|---|--|
| Parents who need to work          | 90  | "Alot of employees can't come into work because they need a babysitter. And have no one they can trust to give their kids to. Its like a circle no babysitter, no job no money for kids."                                    |
| Parents who need to go to school  | 17  | "It is extremely important to have a child care facility, because many community members lose jobs, drop out from school, when child care isnt available."   |
| Needs of single parents           | 17  | "Many families are in need of child care to maintain their employment, most importantly, for single parent homes that do not have another parent to help the other parent such as a stay-at-home two parent home lifestyle." |
| Parents who need to look for work | 2   |  |
| Special populations of children   | 2   |  |



### **Easing parents' burden**

Respondents recognized the potential for a tribal Childcare Center to ease the burdens of parenting. See below for sub-themes related to the ability of a tribal Childcare Center to ease the burden for parents:

| <b>Sub-theme</b>                 | <b>Number of responses related to this sub-theme</b> | <b>Sample response</b>   |
|----------------------------------|--|--|
| Easing parents' stress           | 7  | "Its a piece of mind knowing that your children are near by while you are working."              |
| Making things easier for parents | 7  | "A location in our neighborhood would facilitate transportation and make it easier for parents." |

### **The benefits of close proximity**

Respondents recognized the convenience of a tribal Childcare Center and its ability to alleviate transportation issues that are many members of the tribal community face (n=37). See below for sample responses of this theme, which did not include sub-themes:

| <b>Theme</b>                    | <b>Number of responses</b> | <b>Sample response</b>   |
|---------------------------------|----------------------------|--|
| The benefits of close proximity | 37                         | "Geographically, there are not many good alternatives to child care, like you would find in the Tucson metropolitan area. This puts our community at a disadvantage. I mean we have transportation through bus service, but we do not have many quality child care options." |



### **Affordability**

Respondents recognized the potential for a tribal Childcare Center to be affordable or flexible in pay arrangements. See below for sample responses of this theme, which did not include sub-themes:

| <b>Theme</b>  | <b>Number of responses</b> | <b>Sample response</b>  |
|---------------|----------------------------|---|
| Affordability | 13                         | “Child care facilities are expensive and not all families can afford the fees because most family have more than one child needing child care.” |

### **Cultural responsiveness/Sense of trust**

Respondents recognized the potential for a tribal Childcare Center to be culturally responsive and promote a sense of trust for members of the tribal community. See below for sample responses of this theme, which did not include sub-themes:

| <b>Theme</b>                           | <b>Number of responses</b> | <b>Sample response</b>  |
|--|----------------------------|---|
| Cultural responsiveness/Sense of trust | 5                          | “[I]t would be great to have child care facility here [that] under stands our culture.” |



## **Appendix 6. Why Respondents Feel Childcare Needs Are Not Met**

Of all respondents who reported on whether they felt that all of their childcare needs were being met (n=174), the majority (55%, n= 96) felt that their needs were only somewhat met or that few of their needs were met. Respondents were asked to explain why they felt that their child care needs were or were not being met. Seventy respondent provided information about why their needs were less than well met. Themes that were evident included children's needs not being met, lack of options, inadequate hours or inflexibility of hours, wanting higher quality options, needing to make complicated arrangements to meet all needs, cost, distance, and family care providers needing relief.

Sub-themes are listed below. Sample responses are provided below for each sub-theme for which there were 3 or more responses.



### Children’s needs not being met

Respondents indicated that a barrier to having their childcare needs met is their children’s needs not being met. See below for sub-themes related to children’s needs not being met:

| Sub-theme                             | Number of responses related to this sub-theme | Sample response  |
|---------------------------------------|---|--|
| Not meeting child’s educational needs | 17  | “My children currently attend a daycare, and now that they are both 2 and 3 years of age, I wish the day care center was also a preschool to prepare my children for elementary.”  |
| Caregiver lack of attention           | 5   | “...the provider that I pay for right now have 5 staff member for 40 kids and I rarely seem them interacting with the kids.”   |
| Lack of structure                     | 4   | “[T]hey are just being baby sat, if they had a set schedule of activities that would be great.”  |
| Not meeting child's social needs      | 4   | “My child does not have any other children or siblings to play with so at this time when she does play with other children its hard for her to get a long with the other children. I think she would be happier to be around other children and learn to get along with them.” |
| Not able to tailor to child’s age     | 2   |  |
| Setting not tailored to children      | 1   |  |
| Child not happy where they are        | 1   |  |



## Lack of options

Respondents indicated that a barrier to having their childcare needs met is lack of options. See below for sub-themes related to lack of options:

| Sub-theme  | Number of responses related to this sub-theme | Sample response   |
|--|---|---|
| Family not always available                          | 9   | "I relay on my family to watch my children, but things come up and they are not always available. So some days I have to call-out of work." |
| General lack of availability                         | 3   | "Long waiting list."  |
| Lack of options if you do not have family care       | 2   |   |
| Lack of options for non-tribal children of employees | 2   |   |
| Caregiver retiring                                   | 1   |   |



### **Inadequate hours or inflexibility of hours**

Respondents indicated that a barrier to having their childcare needs met is inadequate hours or inflexibility of hours. See below for sub-themes related to inadequate hours or inflexibility of hours:

| <b>Sub-theme</b>                                       | <b>Number of responses related to this sub-theme</b> | <b>Sample response</b>  |
|--|--|---|
| Hours needed not available.                            | 12   | "[C]urrent childcare provider takes off holiday/school breaks when I still am required to work and therefore have to arrange a secondary provider to care for my kids." |
| Lack of flexibility to accommodate changing work hours | 1  |   |

### **Wanting higher quality options**

Respondents indicated that a barrier to having their childcare needs met is lack of high quality options. See below for sub-themes related to lack of high quality options:

| <b>Sub-theme</b>                          | <b>Number of responses related to this sub-theme</b> | <b>Sample response</b>  |
|---|--|---|
| Caregiver not reliable                    | 8  | "My current child care provider has many appointments which disrupts my work schedule." |
| Professional/certified care not available | 2  |   |
| Care you can trust not available          | 1  |   |



### Needing to make complicated arrangements to meet all needs

Respondents indicated that a barrier to having their childcare needs met is needing to make complicated arrangements to meet all needs. See below for sub-themes related to needing to make complicated arrangements to meet all needs:

| Sub-theme  | Number of responses related to this sub-theme | Sample response  |
|--|---|--|
| Need to transport kids among settings                    | 3   | "My Preschool child needs to be met at the bus stop currently and be taken to a baby sitter and that is a huge stresser for me. I have to ask to take my lunch at differnt time during the week to be able to meet my child at the buss stop right know. My baby sitter currently leave a little further than I like. So allot of times Im late to work because the bus are running late so then I have to rush to take my baby to the sitter and that makes me late. "Stress"." |
| Need one provider that can take all children in a family | 1   |  |

### Cost

Respondents indicated that a barrier to having their childcare needs met is cost of care. See below for sample responses of this theme, which did not include sub-themes:

| Theme | Number of responses | Sample response   |
|-------|---------------------|---|
| Cost  | 7                   | "Stay at home grandmother not caring to provide care. Not able to afford child care." |



### **Distance**

Respondents indicated that a barrier to having their childcare needs met is the distance of childcare. See below for sample responses of this theme, which did not include sub-themes:

| <b>Theme</b> | <b>Number of responses</b> | <b>Sample response</b>                             |
|--------------|----------------------------|--|
| Distance     | 5                          | "I have to go off the reservation for child care." |

### **Family care providers needing relief**

Respondents indicated that a barrier to having their childcare needs met is family care providers needing relief. See below for sample responses of this theme, which did not include sub-themes:

| <b>Theme</b>                         | <b>Number of responses</b> | <b>Sample response</b>  |
|--------------------------------------|----------------------------|---|
| Family care providers needing relief | 4                          | "My elderly mother watches my 2 year old toddler on certain days, then my husband will watch her on other days. He is currently seeking employment. It is hard for us because my mom can only handle so much. We have two other children 4 and 6 years of age, and when they get out of school my mom and husband alternate watching them, depending on when my husband gets back from job hunting. It is hard for him to seek employment because it all depends on how my mom is feeling." |



## Appendix 7. Brief Summary of Arizona Childcare Facility Regulations

According to Arizona state law ARS §36-881(3), a child care facility is defined as “any facility in which child care is regularly provided for compensation for five or more children not related to the proprietor.”

Childcare facilities in Arizona are licensed through the Arizona Department of Health Services Bureau of Child Care Licensing. Licensure is guided by the Arizona Administrative Code and Arizona Revised Statutes for Child Care Facilities. Child care licensing is necessary for facilities providing any or all of the following: part time, full time, weekend, evening, and nighttime care. A brief summary of relevant Arizona regulations follows but please see complete regulations for maximum guidance.<sup>14</sup>

**Application process:** Takes up to 120 days. The applicant must be 21 and submit an application packet that includes, among other things, facility name and address, fingerprint clearance card for applicant, evidence of at least 4 hour of training by the Health Department, site plans for the facility, a scale drawing of floor plans for the facility, a certificate of occupancy.

Staff members must obtain fingerprint clearance. Staff members cannot have been denied fingerprint clearance, be the parent/guardian of a dependent child or be under investigation for or have a substantiated allegation of child abuse or neglect. (An exception is available in some cases, see full regulations R9-5-203(F)(6)).

**Required fees and expenditures:** The cost of licensing for a facility of 11-59 children is \$4,000 every three years; the cost of licensing for a facility of 60 or more children is 7,800 every three years. Fees can be discounted based on participation in Department-approved programs such as Quality First.

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<sup>14</sup> <http://www.azdhs.gov/als/childcare/documents/rules/bccl-child-care-facility-rules.pdf>



The facility must maintain general liability coverage for the facility of at least \$300,000 and motor vehicle insurance coverage for each vehicle provided to transport enrolled children.

**Required staffing:** The facility must have a designated director who is responsible for daily on-site operation of the facility, maintains staff records, including daily attendance, and develops and implements facility policies and procedures. The facility director must also have a designee....Necessary qualifications for a facility director and director designee can be found at R9-5-401(1-2). At a minimum, the facility director and designee must be at least 21 years old with a specified balance of experience, education in child development or a related field, and education in program management.

A staff member trained in first aid and CPR must be present at all times during hours of operation on facility premises, on field trips, and while transporting enrolled children in a facility's motor vehicle.

Child requirements: children must be immunized unless exempted according to regulations (R9-305(A)). Child attendance records must be maintained by the facility. Suspected child abuse or neglect must be documented and reported.

**Learning Focus:** Lesson plans must be posted that provide opportunities for children to:

- Gain a positive self-concept,
- Develop and practice social skills,
- Think, reason, question and experiment,
- Acquire language skills,
- Develop physical coordination skills,
- Participate in structured large muscle physical activity,
- Develop habits that meet health, safety, and nutritional needs,
- Express creativity,
- Learn to respect cultural diversity of children and staff,
- Learn self-help skills, and
- Develop a sense of responsibility.



**Snacks and meals.** Breakfast should be available for enrolled children present before 8:00 a.m., lunch should be served to enrolled children present at the facility between 11:0 and 1:00, and dinner should be served to enrolled children who are present between 5:00 and 7:00 and who will remain at the facility after 7:00 p.m. At least one snack should be served to children who are present two to four hours. At least one snack and one meal should be served to children present for four to eight hours. Two snacks and at least one meal should be served to children who are present nine or more hours. A snack should be served to children before bedtime. State regulations also provide detailed information about food components and servings if the facility is providing the food. A facility that prepares food for children on the premises must have a food establishment permit.

**Outdoor program features:** Outdoor activities allow at least 75 square feet for each enrolled child occupying the area. Storage space must be available for hazardous substances and equipment such as flammable materials, lawn mowers, etc. The fall zone of swings and climbing equipment must have shock-absorbing unitary surfacing material or at least 6 inches of non-hazardous, resilient material such as fine loose sand or wood chips. A shaded area must be provided.

**Evening and overnight care requirements.** During evening and nighttime care, a staff member must remain awake while supervising sleeping enrolled children, a TV is not permitted in rooms where enrolled children are sleeping, sleeping mats may only be used on top of a cot, bathing instructions must be obtained from a parent before child is bathed, and a staff member must clean and sanitize a bathtub or shower stall after bathing of each enrolled child. Storage space must be provided for cots, mats, sheets and blankets that is separate from food service and preparation areas, toilet rooms, and laundry rooms.

**Cleaning requirements.** Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens must be cleaned and sanitized at least once every 24 hours. Laundry facilities must be separate from kitchen and food storage areas and be inaccessible to children.



**Transportation.** Children can only be transported in a vehicle owned by the facility if the vehicle is registered and insured. Children under five years old must use a child passenger restraint system. Children five and older must use a seat belt. The facility must maintain maintenance records. Staff to child ratios must be met while transporting enrolled children who are *not* school age; the driver may be counted as staff for purposes of maintaining the required staff to child ratio if he/she meets the qualifications of a teacher-caregiver and there are four or fewer children. Staff to child ratios must be met while transporting enrolled children who are school age; the driver may be counted as staff for purposes of maintaining the required staff to child ratio if he/she meets the qualifications of a teacher-caregiver.

**Facility footage requirements.** Indoor activity areas require at least 35 square feet of space for each infant and 1-year-old, at least 25 square feet for each child older age two and older, and at least 35 square feet for each child when 1-year-old children are grouped with children two- years and older. With some exceptions, outdoor activity areas, to develop large muscle physical activities, require at least 75 square feet per child for at least 50% of the facilities licensed capacity.

| <b>Program requirements for specific age groups<sup>15</sup></b> |   |   |   |                   |
|--|---|---|---|-------------------|
|  | <b>Infant</b>   | <b>Toddler</b>                                  | <b>Preschool</b>  | <b>School age</b> |
| <b>Staff-Child Ratios/Class Sizes</b>                            | 1:5 or 2:11   | 1 year olds: 1:6<br>or 2:13<br>2 year olds: 1:8 | 3 year olds: 1:13<br>4 year olds: 1:15<br>5 year olds: 1:20 | 1:20              |
| <b>Staff Qualifications for teacher-caregivers</b>               | At least 18 years old, 6 months childcare experience, high school diploma or equivalent/ Associates or Bachelor's degree in early childhood or a related field/or credentialed through NAC, CDA, or CCP   |   |   |                   |
| <b>Staff Development</b>   | At least 18 hours of training annually in child development, health and safety, program administration, and/or community services and resources.  |   |   |                   |
| <b>Discipline</b>  | No staff member may use or permit a method of discipline that could cause harm to the health, safety, or welfare of an enrolled child, corporal punishment, abusive language, discipline associated with eating, napping, sleeping, or toileting, medication, or mechanical restraints. |   |   |                   |

<sup>15</sup> Supplemental standards for children special needs are provided at R9-5-507



| <b>Program requirements for specific age groups<sup>15</sup></b> |  |   |   |  |
|--|--|---|---|--|
|  | <b>Infant</b>  | <b>Toddler</b>  | <b>Preschool</b>  | <b>School age</b>  |
| <b>Care and Safety</b>   | <p>Wall-enclosed room. Permit infants to maintain waking and sleeping patterns. Area with non-abrasive flooring. Toys too large for infant to swallow and free from sharp edges. A crib for each enrolled infant with bars spaced no more than 2-3/8 inches apart and crib mattress not more than 1/2 inch from crib side. When 6 or more children are enrolled, an infant is not placed for supervision with a child who is not an infant. Infant rooms cannot be used as passageways to other areas of the facility. No screen time (electronic media) allowed</p> | <p>Each activity area must have a supply of age appropriate toys too large for a child to swallow, free from sharp edges. No screen time (electronic media) allowed in activity areas of 1-year-olds room. Each child who naps or sleeps at the facility must be provided their own cot, mat, or crib. Sheets must be laundered weekly.</p> | <p>Each child who naps or sleeps at the facility must be provided their own cot, mat, or crib. Sheets must be laundered weekly.</p> | <p>Supervision to and from bathroom and staff checks for bathroom visit over 3 minutes. Each child who naps or sleeps at the facility must be provided their own cot, mat, or crib. Sheets must be laundered weekly.</p> |



| <b>Program requirements for specific age groups<sup>15</sup></b> |  |  |  |  |
|--|--|--|--|--|
|  | <b>Infant</b>  | <b>Toddler</b>   | <b>Preschool</b>   | <b>School age</b>  |
|  | in infant room. Sheets must be changed at least every 24-hours. Hand-washing sink must be available next to diaper-changing surfaces |  |  |  |
| <b>Materials</b>   | Age appropriate toys, materials and equipment are provided to enable each enrolled child to participate in an activity.              | Age appropriate toys, materials and equipment are provided to enable each enrolled child to participate in an activity, including art supplies, books, balls, puzzles and toys to enhance manipulative skills, blocks, washable toys and dolls, musical instruments and indoor and outdoor equipment to enhance large motor skill development. | Age appropriate toys, materials and equipment are provided to enable each enrolled child to participate in an activity, including art supplies, blocks, books and posters, toys and dress up clothes, indoor and outdoor equipment to enhance large motor skill development, puzzles and toys to enhance manipulative and categorization skills, science materials, and musical instruments. | Age appropriate toys, materials and equipment are provided to enable each enrolled child to participate in an activity, including arts and crafts, games, puzzles and toys to enhance manipulative skills, books, science materials, sports equipment, and outdoor play equipment. |



| <b>Program requirements for specific age groups<sup>15</sup></b> |  |                |                  |                   |
|--|--|----------------|------------------|-------------------|
|  | <b>Infant</b>  | <b>Toddler</b> | <b>Preschool</b> | <b>School age</b> |
| <b>Features</b>  | Outdoor or indoor activity area for large muscle development without older children present. |                |                  |                   |



## Appendix 8. Best Practices: NAEYC Criteria for Infant, Toddler, and Preschool Care

| Standard 1. Relationships   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <b>1.A. Building positive relationships with families</b>   |        |         |           |
| Teachers work in partnership with families establishing and maintaining regular ongoing two-way communication   | X      | X       | X         |
| Teachers gain information about the ways families define their own race religion, home language, culture, and family structure  | X      | X       | X         |
| Teachers communicate with family members on an ongoing basis to learn about children's individual needs and ensure a smooth transition between home and program   | X      | X       | X         |
| Teachers are sensitive to family concerns and reassure family members who are concerned about leaving children in non-family care   | X      | X       | X         |
| Teachers share information with families about classroom rules, expectations, and routines not only at enrollment but also as needed throughout the year.   | X      | X       | X         |
| <b>1.B. Building positive relationships between teachers and children</b>   |        |         |           |
| Teaching staff foster children's emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter, and affection                | X      | X       | X         |
| Teaching staff express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles.   | X      | X       | X         |
| Teaching staff are consistent and predictable in their physical and emotional care of all children.   | X      | X       | X         |
| Teaching staff encourage and recognize children's work and accomplishments.   | X      | X       | X         |
| Teaching staff function as secure bases for children. They respond promptly in developmentally appropriate ways to children's positive initiations, negative emotions, and feelings of hurt and fear by providing comfort, support, and assistance. | X      | X       | X         |
| Teaching staff encourage children's appropriate expression of emotions, both positive (e.g., joy, pleasure, excitement) and negative (e.g., anger, frustration, sadness).   | X      | X       | X         |
| Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels, and cognitive and social development.    | X      | X       | X         |
| Teaching staff support children's competent and self-reliant exploration and use of classroom materials.  | X      | X       | X         |
| Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. <b>This is a required criterion.</b>  | X      | X       | X         |
| Teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.  | X      | X       | X         |
| Teaching staff engage infants in frequent face-to-face social interactions each day. These include both verbal behaviors (e.g., talking, cooing, repeating infant sounds, singing) and nonverbal behaviors (e.g., smiling, touching, holding).      | X      |         |           |
| Teaching staff give one-to-one attention to infants when engaging in caregiving routines.   | X      |         |           |



| <b>Standard 1. Relationships</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Teaching staff adjust their interactions to infants' and toddlers'/twos' various states and levels of arousal.  | X             | X              |                  |
| Teaching staff quickly respond to infants' and toddlers'/twos' cries or other signs of distress by providing physical comfort and needed care. Teaching staff are sensitive to infants' and toddlers'/twos' various signals and learn to read their individual cries.   | X             | X              |                  |
| Teaching staff talk frequently with children and listen to children with attention and respect. They <ul style="list-style-type: none"> <li>• respond to children's questions and requests.</li> <li>• use strategies to communicate effectively and build relationships with every child.</li> <li>• engage regularly in meaningful and extended conversations with each child.</li> </ul>   |               | X              | X                |
| <b>1.C. Helping children make friends</b>   |               |                |                  |
| Teaching staff facilitate an infant's social interaction when he or she is interested in looking at, touching, or vocalizing to others.   | X             |                |                  |
| Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other.   |               | X              | X                |
| Teaching staff support children as they practice social skills and build friendships by helping them enter into, sustain, and enhance play.   |               | X              | X                |
| Teaching staff assist children in resolving conflicts by helping them identify feelings, describe problems, and try alternative solutions.  |               | X              | X                |
| Teaching staff guide children who bully, isolate, or hurt other children to learn and follow the rules of the classroom.  |               | X              | X                |
| Teaching staff facilitate positive peer interaction for children who are socially reserved or withdrawn and for those who are bullied or excluded.  |               | X              | X                |
| <b>1.D. Creating a Predictable, Consistent, and Harmonious Classroom</b>  |               |                |                  |
| Teaching staff counter potential bias and discrimination by <ul style="list-style-type: none"> <li>• treating all children with equal respect and consideration.</li> <li>• initiating activities and discussions that build positive self-identity and teach the valuing of differences.</li> <li>• intervening when children tease or reject others.</li> <li>• providing models and visual images of adult roles, differing abilities, and ethnic or cultural backgrounds that counter stereotypical limitations.</li> <li>• avoiding stereotypes in language references.</li> </ul> | X             | X              | X                |
| Teachers provide children opportunities to develop the classroom community through participation in decision making about classroom rules, plans, and activities.   |               | X              | X                |
| Teaching staff anticipate and take steps to prevent potential behavior problems.  |               | X              | X                |
| Teachers help children talk about their own and others' emotions. They provide opportunities for children to explore a wide range of feelings and the different ways that those feelings can be expressed.  |               | X              | X                |



| <b>Standard 1. Relationships</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| <p>Teaching staff promote pro-social behavior by interacting in a respectful manner with all staff and children. They</p> <ul style="list-style-type: none"> <li>• model turn taking and sharing as well as caring behaviors.</li> <li>• help children negotiate their interactions with one another and with shared materials.</li> <li>• engage children in the care of their classroom.</li> <li>• ensure that each child has an opportunity to contribute to the group.</li> <li>• encourage children to listen to one another.</li> <li>• encourage and help children to provide comfort when others are sad or distressed.</li> <li>• use narration and description of ongoing interactions to identify pro-social behaviors.</li> </ul> |               | X              | X                |
| <b>1.E. Addressing Challenging Behaviors</b>   |               |                |                  |
| For children with persistent, serious, challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.   |               | X              | X                |
| Teachers observe children who have challenging behavior. They identify events, activities, interactions, and other contextual factors that predict challenging behavior and may contribute to the child's use of challenging behavior.   |               | X              | X                |
| <p>Rather than focus solely on reducing the challenging behavior, teachers focus on</p> <ul style="list-style-type: none"> <li>• teaching the child social, communication, and emotional regulation skills and</li> <li>• using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child's appropriate behavior.</li> </ul>  |               | X              | X                |
| <p>Teaching staff respond to a child's challenging behavior, including physical aggression, in a manner that</p> <ul style="list-style-type: none"> <li>• provides for the safety of the child.</li> <li>• provides for the safety of others in the classroom.</li> <li>• is calm.</li> <li>• is respectful to the child.</li> <li>• provides the child with information on acceptable behavior.</li> </ul>  |               | X              | X                |

| <b>Standard 2. Curriculum</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| <b>2.A. Curriculum: Essential Characteristics</b>   |               |                |                  |
| The program has a written statement of philosophy and uses one or more written curricula or curriculum frameworks consistent with its philosophy that address central aspects of child development. | X             | X              | X                |



| <b>Standard 2. Curriculum</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| A clearly stated curriculum or curriculum framework provides a coherent focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children.   | X             | X              | X                |
| The curriculum guides teachers' development and intentional implementation of learning opportunities consistent with the program's goals and objectives.  | X             | X              | X                |
| The curriculum can be implemented in a manner that reflects responsiveness to family home values, beliefs, experiences, and language.   | X             | X              | X                |
| Curriculum goals and objectives guide teachers' ongoing assessment of children's progress.  | X             | X              | X                |
| The curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning.  |               |                |                  |
| The curriculum guides the development of a daily schedule that is predictable yet flexible and responsive to individual needs of the children. The schedule provides time and support for transitions, includes both indoor and outdoor experiences, and is responsive to a child's need to rest or be active.  | X             | X              | X                |
| Materials and equipment used to implement the curriculum <ul style="list-style-type: none"> <li>• reflect the lives of the children and families.</li> <li>• reflect the diversity found in society, including gender, age, language and abilities.</li> <li>• provide for children's safety while being appropriately challenging.</li> <li>• encourage exploration, experimentation, and discovery.</li> <li>• promote action and interaction.</li> <li>• are organized to support independent use.</li> <li>• are rotated to reflect changing curriculum and accommodate new interests and skill levels.</li> <li>• are rich in variety.</li> <li>• accommodate children's special needs.</li> </ul> | X             | X              | X                |
| Materials and equipment used to implement the curriculum for infants and toddlers/twos encourage exploration, experimentation, and discovery; sensory and motor learning; and their practice of developing physical skills through self-initiated movement.   | X             | X              |                  |
| The curriculum guides teachers to incorporate content, concepts, and activities that foster social, emotional, physical, language, and cognitive development and that integrate key areas of content including literacy, mathematics, science, technology, creative expression and the arts, health and safety, and social studies.   |               | X              | X                |
| The schedule provides children learning opportunities, experiences, and projects that extend over the course of several days and incorporates time for: play, self-initiated learning, creative expression, large-group, small-group, and child-initiated activity.   |               | X              | X                |
| The curriculum guides teachers to plan for children's engagement in play (including dramatic play and blocks) that is integrated into classroom topics of study.  |               |                | X                |
| <b>2.B. Areas of Development: Social-Emotional Development</b>  |               |                |                  |



| <b>Standard 2. Curriculum</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Children have varied opportunities to engage throughout the day with teaching staff who are attentive and responsive to them, facilitate their social competence, and facilitate their ability to learn through interacting with others.   | X             | X              | X                |
| Children have varied opportunities to recognize and name their own and others' feelings.   | X             | X              | X                |
| Children have varied opportunities to learn the skills needed to regulate their emotions, behavior, and attention.   | X             | X              | X                |
| Children have varied opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity, and mastery.   | X             | X              | X                |
| Children have varied opportunities to develop skills for entering into social groups, developing friendships, learning to help, and other pro-social behavior.   |               | X              | X                |
| Children have varied opportunities to interact positively, respectfully, and cooperatively with others; learn from and with one another; and resolve conflicts in constructive ways.   |               | X              | X                |
| Children have varied opportunities to learn to understand, empathize with, and take into account other people's perspectives.  |               | X              | X                |
| <b>2.C. Areas of Development: Physical Development</b>   |               |                |                  |
| Infants and toddlers/twos are provided an environment that allows them to move freely and achieve mastery of their bodies through self-initiated movement. They have multiple opportunities to practice emerging skills in coordination, movement, and balance, as well as perceptual-motor integration.   | X             | X              |                  |
| Infants and toddlers/twos have multiple opportunities to develop fine-motor skills by acting on their environments using their hands and fingers in a variety of age-appropriate ways.   | X             | X              |                  |
| Children are provided varied opportunities and materials that support fine-motor development.  |               | X              | X                |
| Children have varied opportunities and are provided equipment to engage in large motor experiences that <ul style="list-style-type: none"> <li>• stimulate a variety of skills.</li> <li>• enhance sensory-motor integration.</li> <li>• develop controlled movement (balance, strength, coordination).</li> <li>• enable children with varying abilities to have large-motor experiences similar to those of their peers.</li> <li>• range from familiar to new and challenging.</li> <li>• help them learn physical games with rules and structure.</li> </ul> |               |                | X                |
| <b>2.D. Areas of Development: Language Development</b>   |               |                |                  |
| Children are provided with opportunities for language acquisition that align with the program philosophy, consider family perspectives, and consider community perspectives.   | X             | X              | X                |
| Children are provided opportunities to experience oral and written communication in a language their family uses or understands.   | X             | X              | X                |



| <b>Standard 2. Curriculum</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Children have varied opportunities to develop competence in verbal and nonverbal communication by responding to questions; communicating needs, thoughts, and experiences; and describing things and events.  | X             | X              | X                |
| Children have varied opportunities to develop vocabulary through conversations, experiences, field trips, and books.  | X             | X              | X                |
| Children who are non-verbal are provided alternative communication strategies.  |               | X              | X                |
| Children have varied opportunities and materials that encourage them to have discussions to solve problems that are interpersonal and those that are related to the physical world.   |               |                | X                |
| Children are provided varied opportunities and materials that encourage them to engage in discussions with one another.   |               |                | X                |
| <b>2.E. Curriculum Content Area for Cognitive Development: Early Literacy</b>   |               |                |                  |
| <p>Infants have varied opportunities to experience songs, rhymes, routine games and books through</p> <ul style="list-style-type: none"> <li>individualized play that includes simple rhymes, songs, and interactive games (e.g., peek-a-boo).</li> <li>daily opportunities for each child to hear and respond to various types of books including picture books, wordless books, and books with rhymes.</li> <li>access to durable books that enable children's independent exploration.</li> </ul>  | X             |                |                  |
| <p>Toddlers/twos have varied opportunities to experience books, songs, rhymes, and routine games through</p> <ul style="list-style-type: none"> <li>individualized play that includes simple rhymes, songs, and sequences of gestures (e.g., finger plays, peek-a-boo, patty-cake, This Little Piggy).</li> <li>daily opportunities to hear and respond to various types of books including picture books, wordless books, and books with rhymes.</li> <li>access to durable books that enable independent exploration.</li> <li>experiences that help them understand that pictures represent real things in their environment.</li> </ul> |               | X              |                  |
| <p>Children have opportunities to become familiar with print. They are actively involved in making sense of print, and they have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom:</p> <ul style="list-style-type: none"> <li>Items belonging to a child are labeled with his or her name.</li> <li>Materials are labeled.</li> <li>Print is used to describe some rules and routines.</li> <li>Teaching staff help children recognize print and connect it to spoken words.</li> </ul>  |               | X              | X                |



| Standard 2. Curriculum  | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <p>Children have varied opportunities to</p> <ul style="list-style-type: none"> <li>• be read books in an engaging manner in group or individualized settings at least twice a day in full-day programs and at least once daily in half-day programs.</li> <li>• be read to regularly in individualized ways including one-to-one or in small groups of two to six children.</li> <li>• explore books on their own and have places that are conducive to the quiet enjoyment of books.</li> <li>• have access to various types of books, including storybooks, factual books, books with rhymes, alphabet books, and wordless books.</li> <li>• be read the same book on repeated occasions.</li> <li>• retell and reenact events in storybooks.</li> <li>• engage in conversations that help them understand the content of the book.</li> <li>• be assisted in linking books to other aspects of the curriculum.</li> <li>• identify the parts of books and differentiate print from pictures.</li> </ul> |        |         | X         |
| <p>Children have multiple and varied opportunities to write:</p> <ul style="list-style-type: none"> <li>• Writing materials and activities are readily available in art, dramatic play, and other learning centers.</li> <li>• Various types of writing are supported including scribbling, letter-like marks, and developmental spelling.</li> <li>• Children have daily opportunities to write or dictate their ideas.</li> <li>• Children are provided needed assistance in writing the words and messages they are trying to communicate.</li> <li>• Children are given the support they need to write on their own, including access to the alphabet and to printed words about topics of current interest, both of which are made available at eye level or on laminated cards.</li> <li>• Children see teaching staff model functional use of writing and are helped to discuss the many ways writing is used in daily life.</li> </ul>  |        |         | X         |
| <p>Children are regularly provided multiple and varied opportunities to develop phonological awareness:</p> <ul style="list-style-type: none"> <li>• Children are encouraged to play with the sounds of language, including syllables, word families, and phonemes, using rhymes, poems, songs, and finger plays.</li> <li>• Children are helped to identify letters and the sounds they represent.</li> <li>• Children are helped to recognize and produce words that have the same beginning or ending sounds.</li> <li>• Children's self-initiated efforts to write letters that represent the sounds of words are supported.</li> </ul>   |        |         | X         |
| <p>Children are given opportunities to recognize and write letters.</p>   |        |         | X         |
| <p>Children have access to books and writing materials throughout the classroom.</p>  |        |         | X         |



| <b>Standard 2. Curriculum</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| <b>2.F. Curriculum Content Area for Cognitive Development: Early Mathematics</b>   |               |                |                  |
| <p>Infants and toddlers/twos are provided varied opportunities and materials to</p> <ul style="list-style-type: none"> <li>• use language, gestures, and materials to convey mathematical concepts such as more and less and big and small.</li> <li>• see and touch different shapes, sizes, colors, and patterns.</li> <li>• build number awareness, using objects in the environment.</li> <li>• read books that include counting and shapes.</li> </ul>  | X             | X              |                  |
| Children are provided varied opportunities and materials to build understanding of numbers, number names, and their relationship to object quantities and to symbols.  |               | X              | X                |
| Children are provided varied opportunities and materials to categorize by one or two attributes such as shape, size, and color.  |               | X              | X                |
| Children are provided varied opportunities and materials that encourage them to integrate mathematical terms into everyday conversation.   |               | X              | X                |
| Children are provided varied opportunities and materials that help them understand the concept of measurement by using standard and non-standard units of measurement.   |               |                | X                |
| Children are provided varied opportunities and materials to understand basic concepts of geometry by, for example, naming and recognizing two- and three-dimensional shapes and recognizing how figures are composed of different shapes.  |               |                | X                |
| Children are provided varied opportunities to build an understanding of time in the context of their lives, schedules, and routines.   |               |                | X                |
| Children are provided varied opportunities and materials that help them recognize and name repeating patterns.   |               |                | X                |
| <b>2.G. Curriculum Content Area for Cognitive Development: Science</b>   |               |                |                  |
| Infants and toddlers/twos are provided varied opportunities and materials to use their senses to learn about objects in the environment, discover that they can make things happen, and solve simple problems.   | X             | X              |                  |
| <p>Children are provided varied opportunities and materials to learn key content and principles of science such as</p> <ul style="list-style-type: none"> <li>• the difference between living and nonliving things (e.g., plants versus rocks) and life cycles of various organisms (e.g., plants, butterflies, humans).</li> <li>• earth and sky (e.g., seasons; weather; geologic features; light and shadow; sun, moon, and stars).</li> <li>• structure and property of matter (e.g., characteristics that include concepts such as hard and soft, floating and sinking) and behavior of materials (e.g., transformation of liquids and solids by dissolving or melting).</li> </ul> |               |                | X                |
| Children are provided varied opportunities and materials that encourage them to use the five senses to observe, explore, and experiment with scientific phenomena.   |               |                | X                |
| Children are provided varied opportunities and materials to collect data and to represent and document their findings (e.g., through drawing or graphing).   |               |                | X                |
| Children are provided varied opportunities and materials that encourage them to think, question, and reason about observed and inferred phenomena.   |               |                | X                |



| <b>Standard 2. Curriculum</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Children are provided varied opportunities and materials that encourage them to discuss scientific concepts in everyday conversation.   |               |                | X                |
| Children are provided varied opportunities and materials that help them learn and use scientific terminology and vocabulary associated with the content areas.  |               |                | X                |
| <b>2.H. Curriculum Content Area for Cognitive Development: Technology</b>   |               |                |                  |
| The use of passive media such as television, film, videotapes, and audiotapes is limited to developmentally appropriate programming.  |               | X              | X                |
| All children have opportunities to access technology (e.g., tape recorders, microscopes, computers) that they can use by themselves, collaboratively with their peers, and with teaching staff or a parent. |               |                | X                |
| Technology is used to extend learning within the classroom and to integrate and enrich the curriculum.  |               |                | X                |
| <b>There is no Standard 2.I.</b>  |               |                |                  |
| <b>2.J. Curriculum Area for Cognitive Development: Creative Expression and Appreciation for the Arts</b>  |               |                |                  |
| Children are provided varied opportunities to gain an appreciation of art, music, drama, and dance in ways that reflect cultural diversity.   | X             | X              | X                |
| Infants and toddlers/twos are provided varied opportunities to explore and manipulate age-appropriate art materials.  | X             | X              |                  |
| Infants and toddlers/twos have varied opportunities to express themselves creatively through freely moving to music. Toddlers/twos have varied opportunities to engage in pretend or imaginative play.      | X             | X              |                  |
| Children are provided varied opportunities to learn new concepts and vocabulary related to art, music, drama, and dance.  |               | X              | X                |
| Children are provided varied opportunities to develop and widen their repertoire of skills that support artistic expression (e.g., cutting, gluing, and caring for tools).                                  |               | X              | X                |
| Children are provided many and varied open-ended opportunities and materials to express themselves creatively through music, drama, dance and two- and three-dimensional art.                               |               |                | X                |
| Children have opportunities to respond to the art of other children and adults.   |               |                | X                |
| <b>2.K. Curriculum Content Area for Cognitive Development: Health and Safety</b>  |               |                |                  |
| Children are provided varied opportunities and materials that encourage good health practices such as serving and feeding themselves, rest, good nutrition, exercise, hand washing, and tooth brushing.     |               | X              | X                |
| Children are provided varied opportunities and materials to help them learn about nutrition, including identifying sources of food and recognizing, preparing, eating, and valuing healthy foods.           |               | X              | X                |
| Children are provided varied opportunities and materials that increase their awareness of safety rules in their classroom, home, and community.   |               | X              | X                |
| Children have opportunities to practice safety procedures.  |               | X              | X                |
| Children are provided opportunities to discuss, ask questions, and express fears about visiting the doctor, clinic, hospital, or dentist; getting shots; and taking medicine.                               |               |                | X                |
| <b>2.L. Curriculum Content Area for Cognitive Development: Social Studies</b>   |               |                |                  |



| <b>Standard 2. Curriculum</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Children are provided varied learning opportunities that foster positive identity and an emerging sense of self and others.  | X             | X              | X                |
| Children are offered opportunities to become a part of the classroom community so that each child feels accepted and gains a sense of belonging  |               | X              | X                |
| Children are provided varied opportunities and materials to build their understanding of diversity in culture, family structure, ability, language, age, and gender in non-stereotypical ways.                             |               | X              | X                |
| Children are provided opportunities and materials to explore social roles in the family and workplace through play.  |               | X              | X                |
| Children are provided varied opportunities and materials to learn about the community in which they live.  |               | X              | X                |
| Children have varied opportunities to engage in discussions about fairness, friendship, responsibility, authority, and differences.  |               |                | X                |
| Children are provided varied opportunities and materials to learn about physical characteristics of their local environment as a foundation for learning geography.  |               |                | X                |
| Children are provided varied opportunities and materials to learn how people affect their environment in positive (e.g., recycling) and negative (e.g., polluting) ways.   |               |                | X                |
| Children are provided varied opportunities and materials that allow them to contribute to the well-being of their classroom and the community, including care for the social and physical environments in which they live. |               |                | X                |
| Children are provided opportunities and materials that build a foundation for understanding economic concepts (e.g., playing restaurant, managing a store, and identifying and exchanging money.)                          |               |                | X                |

| <b>Standard 3. Teaching</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| <b>3.A. Designing Enriched Learning Environments</b>  |               |                |                  |
| Teaching staff, program staff, or both work as a team to implement daily teaching and learning activities, including Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and other individual plans as needed. | X             | X              | X                |
| Teachers design an environment that protects children's health and safety at all times.   | X             | X              | X                |
| Teaching staff support children's needs for physical movement, sensory stimulation, fresh air, rest, and nourishment.   | X             | X              | X                |
| Teachers organize space and select materials in all content and developmental areas to stimulate exploration, experimentation, discovery and conceptual learning.   | X             | X              | X                |



| Standard 3. Teaching  | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| Teachers work to prevent challenging or disruptive behaviors through <ul style="list-style-type: none"> <li>• environmental design.</li> <li>• schedules that meet the needs and abilities of children.</li> <li>• effective transitions.</li> <li>• engaging activities.</li> </ul>                              |        | X       | X         |
| Teachers create classroom displays that help children reflect on and extend their learning. They ensure that children's recent works predominate in classroom displays (e.g., art, emergent writing, graphic representation, and three-dimensional creations) and that some displays are at children's eye level. |        | X       | X         |
| Teaching staff and children work together to arrange classroom materials in predictable ways so children know where to find things and where to put them away.  |        | X       | X         |
| <b>3.B. Creating Caring Communities for Learning</b>  |        |         |           |
| Teaching staff's daily interactions demonstrate their knowledge of: <ul style="list-style-type: none"> <li>• the children they teach.</li> <li>• the children's families.</li> <li>• the social, linguistic, and cultural context in which the children live.</li> </ul>  | X      | X       | X         |
| Teaching staff create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of autonomy, responsibility, and empathy.   | X      | X       | X         |
| Teaching staff develop individual relationships with children by providing care that is responsive attentive, consistent, comforting, supportive, and culturally sensitive.   | X      | X       | X         |
| Teaching staff are active in identifying and countering any teaching practices, curriculum approaches, or materials that are degrading with respect to gender, sexual orientation, age, language, ability, race, religion, family structure, background, or culture.  | X      | X       | X         |
| Teachers help individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.   | X      | X       | X         |
| Teachers manage behavior and implement classroom rules and expectations in a manner that is consistent and predictable.   | X      | X       | X         |
| Teachers' responses to challenging, unpredictable, or unusual behavior are informed by their knowledge of children's home and classroom life.   | X      | X       | X         |
| Teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.   | X      | X       | X         |
| Teaching staff create a climate of respect for infants by looking for as well as listening and responding to verbal and nonverbal cues.   | X      |         |           |
| Teaching staff individualize routine care (e.g., learning to use the toilet and to feed oneself) by incorporating family practices whenever possible and by respecting the home culture and the family's preferred language.  | X      | X       |           |
| Teaching staff create a climate of mutual respect for children by being interested in their ideas, experiences, and products.   |        | X       | X         |



| <b>Standard 3. Teaching</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Teachers address challenging behavior by <ul style="list-style-type: none"> <li>• assessing the function of the child's behavior.</li> <li>• convening families and professionals to develop individualized plans to address behavior.</li> <li>• using positive behavior support strategies.</li> </ul>  |               | X              | X                |
| Teachers provide children opportunities to affect what happens in the classroom through participation in decision making about issues concerning classroom behavior, plans, and activities.   |               |                | X                |
| <b>3.C. Supervising Children</b>  |               |                |                  |
| Teaching staff supervise by positioning themselves to see as many children as possible.   | X             | X              | X                |
| Teaching staff supervise infants and toddlers/twos by sight and sound at all times. <b>This is a required criterion.</b>  | X             | X              |                  |
| When infants and toddlers/twos are sleeping, mirrors, video, or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision. <ul style="list-style-type: none"> <li>• Sides of cribs are checked to ensure that they are up and locked.</li> <li>• Teachers, assistant teachers, or teacher aides are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.</li> </ul> | X             | X              |                  |
| Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a library area, or who are napping). <b>This is a required criterion.</b>  |               |                | X                |
| <b>3.D. Using Time, Grouping, and Routines to Achieve Learning Goals</b>  |               |                |                  |
| Teachers provide time daily for indoor and outdoor activities (except when conditions pose a health risk as defined by local health officials.)   | X             | X              | X                |
| Teaching staff use routine care to facilitate children's self-awareness, language, and social interaction.  | X             | X              | X                |
| Teachers provide time and materials daily for children to select their own activities.  | X             | X              | X                |
| Teaching staff offer children opportunities to interact with children of various ages.  | X             | X              | X                |
| Teachers plan for children to revisit experiences and materials over periods of days, weeks, and months.  | X             | X              | X                |
| Teachers organize time and space on a daily basis to offer infants opportunities to play individually, in pairs, and in small groups.   | X             |                |                  |
| At snack times, teaching staff sit and eat with children and engage them in conversation. When provided, meals are served family style, and teaching staff sit and eat with children and engage them in conversation.   |               | X              | X                |
| Teaching staff coach and support children as they learn to participate in daily cleanup and maintenance of the classroom.   |               | X              | X                |
| Teaching staff help children follow a predictable but flexible daily routine by providing time and support for transitions.   |               | X              | X                |



| <b>Standard 3. Teaching</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Teachers organize time and space on a daily basis to allow children to work or play individually and in pairs, to come together in small groups, and to engage as a whole group.   |               | X              | X                |
| Teachers create opportunities for children to engage in group projects and to learn from one another.  |               | X              | X                |
| <b>3.E. Responding to Children's Interests and Needs</b>   |               |                |                  |
| Teaching staff reorganize the environment when necessary to help children explore new concepts and topics, sustain their activities, and extend their learning.  | X             | X              | X                |
| Teachers scaffold children's learning by <ul style="list-style-type: none"> <li>• modifying the schedule,</li> <li>• intentionally arranging the equipment, and</li> <li>• making themselves available to children.</li> </ul> | X             | X              | X                |
| Teachers use children's interest in and curiosity about the world to engage them with new content and developmental skills.  | X             | X              | X                |
| Teachers use their knowledge of individual children to modify strategies and materials to enhance children's learning.   | X             | X              | X                |
| Teachers use the needs and interests of infants to influence schedules, routines, and learning experiences.  | X             |                |                  |
| Infants who show interest or pleasure in an activity are encouraged and supported in prolonging that activity.   | X             |                |                  |
| Teaching staff actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues and by using simple language.  | X             |                |                  |
| Teachers use their knowledge of children's social relationships, interests, ideas, and skills to tailor learning opportunities for groups and individuals.   |               | X              | X                |
| Throughout the day, teaching staff actively seek out children's ideas and discern how they understand things by observing, talking with, and listening to them.  |               | X              | X                |
| <b>3.F. Making Learning Meaningful for All Children</b>  |               |                |                  |
| Teachers use curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences.  | X             | X              | X                |
| Play is planned for each day.  | X             | X              | X                |
| Teachers and families work together to help children participate successfully in the early childhood setting when professional values and practices differ from family values and practices.                                   | X             | X              | X                |
| Teaching staff help children understand spoken language (particularly when children are learning a new language) by using pictures, familiar objects, body language, and physical cues.  | X             | X              | X                |
| Teaching staff support the development and maintenance of children's home language whenever possible.  | X             | X              | X                |
| Teachers offer children opportunities to engage in classroom experiences with members of their families.   | X             | X              | X                |
| Teaching staff use varied vocabulary and engage in sustained conversations with children about their experiences.  |               | X              | X                |



| Standard 3. Teaching  | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <b>3.G. Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge</b>   |        |         |           |
| Teachers have and use a variety of teaching strategies that include a broad range of approaches and responses.  | X      | X       | X         |
| Teachers use multiple sources (including results of informal and formal assessments as well as children's initiations, questions, interests, and misunderstandings) to <ul style="list-style-type: none"> <li>• identify what children have learned.</li> <li>• adapt curriculum and teaching to meet children's needs and interests.</li> <li>• foster children's curiosity.</li> <li>• extend children's engagement.</li> <li>• support self-initiated learning.</li> </ul> | X      | X       | X         |
| As children learn and acquire new skills, teachers use their knowledge of children's abilities to fine-tune their teaching support. Teachers adjust challenges as children gain competence and understanding.   | X      | X       | X         |
| Teaching staff help children enter into and sustain play.   | X      | X       | X         |
| Teachers support and challenge children's learning during interactions or activities that are teacher initiated and child initiated.  | X      | X       | X         |
| Teachers observe infants and exchange information about their abilities with their families and with other professionals (after getting family consent) who are involved with the infant's care. Teachers use the information to plan opportunities and provide materials that challenge infants to develop socially, physically, linguistically, and cognitively.  | X      |         |           |
| Teachers use their knowledge of content to pose problems and ask questions that stimulate children's thinking. Teachers help children express their ideas and build on the meaning of their experiences.  |        | X       | X         |
| Teachers help children identify and use prior knowledge. They provide experiences that extend and challenge children's current understandings.  | X      | X       | X         |
| Teachers engage in collaborative inquiry with individual children and small groups of children.   | X      | X       | X         |
| Teaching staff join children in learning centers to extend and deepen children's learning. They observe children, engage children in conversations, and position themselves at eye level with the children.   | X      | X       | X         |
| Teachers are able to determine the different components of a task and break it into meaningful and achievable parts.  | X      | X       | X         |
| Teachers promote children's engagement and learning by responding to their need for and interest in practicing emerging skills, and by enhancing and expanding activities that children choose to engage in repeatedly.   | X      | X       | X         |
| Teachers promote children's engagement and learning by guiding them in acquiring specific skills and by explicitly teaching those skills.   |        |         | X         |
| Teachers demonstrate their knowledge of content and developmental areas by creating experiences that engage children in purposeful and meaningful learning related to key curriculum concepts.  |        |         | X         |



| Standard 4. Assessment of Child Progress  | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <b>4.A. Creating An Assessment Plan</b>   |        |         |           |
| Programs conduct assessments as an integral part of the program. Programs use assessments to support children's learning, using a variety of methods such as observations, checklists, rating scales, and individually administered tests.  | X      | X       | X         |
| The program has a written plan for assessment that describes assessment purposes, procedures, and uses of the results. The plan also includes <ul style="list-style-type: none"> <li>• conditions under which children will be assessed,</li> <li>• timelines associated with assessments that occur throughout the year,</li> <li>• procedures to keep individual child records confidential,</li> <li>• ways to involve families in planning and implementing assessments, and</li> <li>• methods to effectively communicate assessment information to families.</li> </ul> | X      | X       | X         |
| The program's written assessment plan includes the multiple purposes and uses of assessment including <ul style="list-style-type: none"> <li>• arranging for developmental screening and referral for diagnostic assessment when indicated,</li> <li>• identifying children's interests and needs,</li> <li>• describing the developmental progress and learning of children,</li> <li>• improving curriculum and adapting teaching practices and the environment,</li> <li>• planning program improvement, and</li> <li>• communicating with families.</li> </ul>            | X      | X       | X         |
| <b>4.B. Using Appropriate Assessment Methods</b>  |        |         |           |
| Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.   | X      | X       | X         |
| Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, approaches to learning, health, and physical development (including self-help skills).  | X      | X       | X         |
| Norm-referenced and standardized tests are used primarily when seeking information on eligibility for special services or when collecting information for overall program effectiveness. When formal assessments are used, they are combined with informal methods such as observation, checklists, rating scales, and work sampling.   | X      | X       | X         |
| If the program uses published instruments, it evaluates information from the publisher about the standardization sample, standardization procedures, scoring, reliability, and validity to ensure that the results obtained with the instruments are valid for the program's purposes.  | X      | X       | X         |



| <b>Standard 4. Assessment of Child Progress</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Staff-developed assessment methods <ul style="list-style-type: none"> <li>are aligned with curriculum goals.</li> <li>provide an accurate picture of all children's abilities and progress.</li> <li>are appropriate and valid for their stated purposes.</li> <li>provide meaningful and stable results for all learners, including English-language learners and children with special needs.</li> <li>provide teachers with clear ideas for curriculum development and daily planning.</li> <li>are regularly reviewed to be certain that they are providing the needed information.</li> </ul>   | X             | X              | X                |
| Staff share an understanding of the purposes, values, and uses of assessment in their program and can explain these to others.   | X             | X              | X                |
| <b>4.C. Identifying Children's Interests and Needs and Describing Children's Progress</b>  |               |                |                  |
| All children receive developmental screening that includes <ul style="list-style-type: none"> <li>the timely screening of all children within three months of program entry;</li> <li>screening instruments that meet professional standards for standardization, reliability, and validity;</li> <li>screening instruments that have normative scores available on a population relevant for the child being screened;</li> <li>screening of children's health status and their sensory, language, cognitive, gross-motor, fine-motor, and social-emotional development;</li> <li>a plan for evaluating the effectiveness of the screening program; and</li> <li>using the results to make referrals to appropriate professionals, when needed, and ensuring that the referrals are followed up.</li> </ul> | X             | X              | X                |
| Teachers assess the developmental progress of each child across all developmental areas, using a variety of instruments and multiple data sources that address the program's curriculum areas. Staff with diverse expertise and skills collect information across the full range of children's experiences.  | X             | X              | X                |
| Teachers refer to curriculum goals and developmental expectations when interpreting assessment data.   | X             | X              | X                |
| <b>4.D. Adapting Curriculum, Individualizing Teaching, and Informing Program Development</b>   |               |                |                  |
| Teachers or others who know the children and are able to observe their strengths, interests, and needs on an ongoing basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions.  | X             | X              | X                |
| Teaching teams meet at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children. <i>This criterion is an Emerging Practice.</i>  | X             | X              | X                |
| Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching.   | X             | X              | X                |
| Teachers and other professionals associated with the program use assessment methods and information to design goals for individual children as well as to guide curriculum planning and monitor progress.  | X             | X              | X                |



| <b>Standard 4. Assessment of Child Progress</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Teachers talk and interact with infants to assess and encourage use of language (e.g., smiles, sounds, eye contact, and cooing).   | X             |                |                  |
| Teachers observe infants to assess development and use these observations to modify the curriculum, interactions, and care.  | X             |                |                  |
| Teachers talk and interact with individual children and encourage their use of language to inform assessment of children's strengths, interests, and needs.  |               | X              | X                |
| Teachers observe and document children's work, play, behaviors, and interactions to assess progress. They use the information gathered to plan and modify the curriculum and their teaching.   |               | X              | X                |
| <b>4.E. Communicating with Families and Involving Families in the Assessment Process</b>   |               |                |                  |
| Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process.  | X             | X              | X                |
| Family members are provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year   | X             | X              | X                |
| Teachers, families, and relevant specialists have regular opportunities to participate in two-way communication conferences to discuss each child's progress, accomplishments, difficulties in the classroom and at home as well as to plan learning activities.   | X             | X              | X                |
| Staff work to achieve consensus with families about assessment methods that will best meet the child's needs.  | X             | X              | X                |
| Communication with families about their child's assessments is sensitive to family values, culture, identity, and home language.   | X             | X              | X                |
| The program staff provide families with information about the choice, use, scoring, and interpretation of screening and assessment methods that includes <ul style="list-style-type: none"> <li>• the purpose and use for which an assessment is designed and its programmatic purpose and use,</li> <li>• the interpretations of the results and their meaning in terms of future learning opportunities for their child,</li> <li>• the way teaching staff or others have been trained to use assessment procedures and interpret results as well as the conditions under which the child will be assessed (e.g., group size, time constraints, familiarity with adults involved), and</li> <li>• access to or information about the specific instruments used.</li> </ul> | X             | X              | X                |
| The program staff provide families with a full explanation of confidentiality by <ul style="list-style-type: none"> <li>• listing the categories of individuals who will have access to individual child screening and assessment results as well as the reasons for their access.</li> <li>• sharing regulations governing access to files and familial rights.</li> <li>• describing the procedures used to keep individual child records confidential.</li> <li>• explaining how and why children's individual screening results and assessment information will be represented, used, and interpreted.</li> </ul>  | X             | X              | X                |



| Standard 5. Health Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <b>5.A. Promoting and Protecting Children's Health and Controlling Infectious Disease</b>   |        |         |           |
| <p>The program maintains current health records for each child:</p> <ul style="list-style-type: none"> <li>• Within six weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice.</li> <li>• When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption.</li> </ul> <p>Child health records include</p> <ul style="list-style-type: none"> <li>• current information about any health insurance coverage required for treatment in an emergency;</li> <li>• results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;</li> <li>• current emergency contact information for each child, which is kept up to date by a specified method during the year;</li> <li>• names of individuals authorized by the family to have access to health information about the child;</li> <li>• instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes); and</li> <li>• supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.</li> </ul> | X      | X       | X         |



| Standard 5. Health Standard  | Infant | Toddler | Preschool |
|--|--------|---------|-----------|
| <p>The program has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early childhood programs.</p> <ul style="list-style-type: none"> <li>• The health consultant visits at least two times a year and as needed. Where infants and toddlers/twos are in care, the health consultant visits the program at least four times a year and as needed.</li> <li>• The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.</li> <li>• Unless the program participates in the United States Department of Agriculture's Child and Adult Care Food Program, at least two times a year a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium, and saturated fats; food service operations; special feeding needs to be met by the program; and procedures used for food brought from home.</li> <li>• The program documents compliance and implements corrections according to the recommendations of the consultant (or consultants).</li> </ul> | X      | X       | X         |
| <p>At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times. <b>This is a required criterion.</b></p>  | X      | X       | X         |
| <p>The program follows these practices in the event of illness:</p> <ul style="list-style-type: none"> <li>• If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed.</li> <li>• The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.</li> <li>• A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about (a) what level and types of illness require exclusion; (b) how care is provided for those who are ill but who are not excluded; and (c) when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.</li> </ul>  | X      | X       | X         |



| Standard 5. Health Standard  | Infant | Toddler | Preschool |
|--|--------|---------|-----------|
| <p>Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.</p>   | X      | X       | X         |
| <p>Children of all ages have daily opportunities for outdoor play (when weather, air quality, or environmental safety conditions do not pose a health risk). When outdoor opportunities for large-motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.</p>   | X      | X       | X         |
| <p>To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:</p> <ul style="list-style-type: none"> <li>• Children wear clothing that is dry and layered for warmth in cold weather.</li> <li>• Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so).</li> <li>• When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.</li> </ul> | X      | X       | X         |



| Standard 5. Health Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <p>For children who are unable to use the toilet consistently, the program makes sure that:</p> <ul style="list-style-type: none"> <li>• Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason).</li> <li>• For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.</li> <li>• Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.</li> <li>• Staff check children for signs that diapers or pull-ups are wet or contain feces (a) at least every two hours when children are awake and (b) when children awaken.</li> <li>• Diapers are changed when wet or soiled.</li> <li>• Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.</li> <li>• Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group. <i>This indicator only is an Emerging Practice.</i></li> <li>• At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.</li> <li>• In the changing area, staff post and follow changing procedures (as outlined in NAEYC's Cleaning and Sanitation Frequency Table). These procedures are used to evaluate teaching staff who change diapers.</li> <li>• Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.</li> <li>• Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).</li> <li>• Containers are kept closed and are not accessible to children.</li> <li>• Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.</li> </ul> | X      | X       | X         |



| Standard 5. Health Standard  | Infant | Toddler | Preschool |
|--|--------|---------|-----------|
| <p>The program follows these practices regarding hand washing:</p> <ul style="list-style-type: none"> <li>• Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.</li> <li>• Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.</li> <li>• Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.</li> </ul> <p>Children and adults wash their hands</p> <ul style="list-style-type: none"> <li>• on arrival for the day;</li> <li>• after diapering or using the toilet (use of wet wipes is acceptable for infants);</li> <li>• after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit);</li> <li>• before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry);</li> <li>• after playing in water that is shared by two or more people;</li> <li>• after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and</li> <li>• when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos.</li> </ul> <p>Adults also wash their hands</p> <ul style="list-style-type: none"> <li>• before and after feeding a child;</li> <li>• before and after administering medication;</li> <li>• after assisting a child with toileting; and</li> <li>• after handling garbage or cleaning.</li> </ul> <p>Proper hand-washing procedures are followed by adults and children and include</p> <ul style="list-style-type: none"> <li>• using liquid soap and running water;</li> <li>• rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water ).</li> </ul> <p>Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any required hand-washing situation listed above.</p> <ul style="list-style-type: none"> <li>• Staff wear gloves when contamination with blood may occur.</li> <li>• Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material.</li> <li>• In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.</li> </ul> <p>Note: The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. If these products are used as a temporary measure, a</p> | X      | X       | X         |



| Standard 5. Health Standard  | Infant | Toddler | Preschool |
|--|--------|---------|-----------|
| sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer's instructions.   |        |         |           |
| Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table. <i>This criterion is an Emerging Practice.</i>   | X      | X       | X         |
| <p>Safeguards are used with all medications for children:</p> <ul style="list-style-type: none"> <li>• Staff administer both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission.</li> <li>• The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff.</li> <li>• Any administrator or teaching staff who administers medication has (a) specific training and (b) a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method with documentation of each right each time the medication is given. The person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider.</li> <li>• Medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the licensed health care provider, the expiration date of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it.</li> <li>• All medications are kept in a locked container.</li> </ul> | X      | X       | X         |



| Standard 5. Health Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <p>To reduce the risk of Sudden Infant Death Syndrome (SIDS):</p> <ul style="list-style-type: none"> <li>• Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. (This indicator is required of all programs with infants.)</li> <li>• Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for Infants younger than eight months.</li> <li>• If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.</li> <li>• The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.</li> </ul> | X      |         |           |
| <p>After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. <i>This criterion is an Emerging Practice.</i></p>  | X      |         |           |
| <p>Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. Infants and toddlers/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.</p>   | X      | X       |           |
| <p>Infants and toddlers/twos do not have access to large buckets that contain liquid.</p>   | X      | X       |           |
| <p>At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.)</p>   |        | X       | X         |
| <b>5.B. Ensuring Children's Nutritional Well-being</b>  |        |         |           |
| <p>If the program provides food for meals and snacks (whether catered or prepared on-site), the food is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines.</p>   | X      | X       | X         |
| <p>Staff take steps to ensure the safety of food brought from home:</p> <ul style="list-style-type: none"> <li>• They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines.</li> <li>• All foods and beverages brought from home are labeled with the child's name and the date.</li> <li>• Staff make sure that food requiring refrigeration stays cold until served.</li> <li>• Food is provided to supplement food brought from home if necessary.</li> <li>• Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. <i>This indicator only is an Emerging Practice.</i></li> </ul>   | X      | X       | X         |
| <p>The program takes steps to ensure food safety in its provision of meals and snacks Staff discard foods with expired dates. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.</p>  | X      | X       | X         |



| <b>Standard 5. Health Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.   | X             | X              | X                |
| For each child with special health care needs or food allergies or special nutrition needs, the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.  | X             | X              | X                |
| Clean sanitary drinking water is made available to children throughout the day. (Infants who are fed only human milk do not need to be offered water.)  | X             | X              | X                |
| Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.   | X             | X              | X                |
| If the program provides food to infants, then the program staff work with families (who are informed by their child's health care provider) to ensure that the food is based on the infants' individual nutritional needs and developmental stage.  | X             |                |                  |
| The program supports breastfeeding by <ul style="list-style-type: none"> <li>• accepting, storing, and serving expressed human milk for feedings;</li> <li>• accepting human milk in ready-to-feed sanitary containers labeled with the infant's name and date and storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months;</li> <li>• ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk; and</li> <li>• providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.</li> </ul>                                      | X             |                |                  |
| Except for human milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions. (This indicator is an Emerging Practice.) Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. No milk, including human milk, and no other infant foods are warmed in a microwave oven. | X             |                |                  |
| Teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.  | X             |                |                  |
| Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort.  | X             |                |                  |



| <b>Standard 5. Health Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.  | X             | X              |                  |
| Staff do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability.   | X             | X              | X                |
| The program prepares written menus, posts them where families can see them, and has copies available for families. Menus are kept on file for review by the consultant described in criterion 5.A.02.  |               | X              | X                |
| The program serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart.   |               | X              | X                |
| <b>5.C. Maintaining a Healthful Environment</b>  |               |                |                  |
| The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in NAEYC's <u>Cleaning and Sanitation Frequency Table</u> . Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.   | X             | X              | X                |
| Procedures for standard precautions are used and include the following: <ul style="list-style-type: none"> <li>• Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.</li> <li>• Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease.</li> <li>• When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.</li> <li>• After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in NAEYC's Cleaning and Sanitation Frequency Table.</li> <li>• Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.</li> <li>• Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.</li> </ul> | X             | X              | X                |
| A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried or (b) washed and dried in a mechanical dishwasher before it can be used by another child.  | X             | X              | X                |
| Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.  | X             | X              | X                |



| <b>Standard 5. Health Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection. | X             | X              | X                |
| Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.   | X             |                |                  |

| <b>Standard 6. Teacher Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| <b>6.A. Preparation, Knowledge, and Skills of Teaching Staff</b>  |               |                |                  |
| All teaching staff know and use ethical guidelines in their conduct as members of the early childhood profession. (See NAEYC's <u>Code of Ethical Conduct</u> )   | X             | X              | X                |
| When working with children, all teaching staff demonstrate the ability to <ul style="list-style-type: none"> <li>• interact with children without using physical punishment or any form of psychological abuse.</li> <li>• recognize health and safety hazards and protect children from harm.</li> <li>• encourage and provide children with a variety of opportunities for learning.</li> <li>• encourage and provide children with a variety of social experiences.</li> <li>• adapt and respond to changing and challenging conditions in ways that enhance program quality.</li> <li>• communicate with children and families.</li> </ul>  | X             | X              | X                |
| Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including <ul style="list-style-type: none"> <li>• program philosophy, values, and goals;</li> <li>• expectations for ethical conduct;</li> <li>• health, safety, and emergency procedures;</li> <li>• individual needs of children they will be teaching or caring for;</li> <li>• accepted guidance and classroom management techniques;</li> <li>• daily activities and routines of the program;</li> <li>• program curriculum;</li> <li>• child abuse and neglect reporting procedures;</li> <li>• program policies and procedures;</li> <li>• NAEYC Early Childhood Program Standards;</li> <li>• regulatory requirements.</li> </ul> <p>Follow-up training expands on the initial orientation.</p> | X             | X              | X                |



| Standard 6. Teacher Standard  | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <p>Substitutes, volunteers, and other adults are given a preliminary orientation that introduces them to fundamental aspects of program operation before they begin working with children. The orientation includes health, safety, and emergency procedures; accepted guidance and classroom management techniques; child abuse and neglect reporting procedures; and regulatory requirements.</p> <p>These adults work with children under the direct supervision of qualified teaching staff. Follow-up training expands on the initial orientation.</p>   | X      | X       | X         |
| <p>All teachers (see NAEYC <u>Definitions of Teaching Staff</u>) have a minimum of an associate's degree or equivalent. At least 75% of teachers have a minimum of a baccalaureate degree or equivalent in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and learning of children birth through kindergarten; family and community relationships; observing, documenting, and assessing young children; teaching and learning; and professional practices and development. Note: This requirement is phased in between 2006 and 2020 with variations by program size; for phase in and for notes regarding degrees and equivalencies (see NAEYC <u>timeline for meeting Teacher Qualifications</u>)</p>                                       | X      | X       | X         |
| <p>Assistant teachers-teacher aides (staff who implement program activities under direct supervision) have a high school diploma or GED and</p> <ul style="list-style-type: none"> <li>• 50% of assistant teachers-teacher aides have at least a Child Development Associate Credential (CDA) or equivalent</li> <li>• 100% of assistant teachers-teacher aides who do not have at least a CDA are enrolled in a program leading to a CDA or equivalent, are actively participating in the program, and are demonstrating progress toward the CDA or equivalent.</li> </ul> <p>College-level course work is from regionally accredited institutions of higher education and may include distance learning or online coursework.</p> <p>If there is only one assistant teacher-teacher aide, then either of the requirements can be met.</p> | X      | X       | X         |
| <p>All teaching staff have specialized college-level course work and/or professional development training that prepares them to work with children and families of diverse races, cultures, and languages. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically. Teaching staff adapt their teaching in response to children's differences.</p>   | X      | X       | X         |
| <p>All teaching staff have specialized course work or professional development training in the program's curriculum, and in communication and collaboration skills that prepare them to participate as a member of a team.</p>  | X      | X       | X         |
| <p>All teaching staff who supervise or mentor other staff members have specialized college-level course work or professional development training and preparation in adult supervision, mentoring, and leadership development. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically.</p>  | X      | X       | X         |



| <b>Standard 6. Teacher Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| All teachers and assistant teachers/teacher aides have specialized professional development training in how to accurately use the program's assessment procedures for assessment of child progress and program quality. Their training is used to adapt classroom practices and curriculum activities. <i>This criterion is an Emerging Practice.</i>  | X             | X              | X                |
| All teachers and assistant teachers/teacher aides have specialized college-level course work or professional development training that prepares them to work with children who have special needs. The course work or training may include core courses that cover these topics or courses addressing these topics specifically. The course work and training includes <ul style="list-style-type: none"> <li>• family-centered practice;</li> <li>• a typical development and common health problems;</li> <li>• IDEA and other applicable laws;</li> <li>• children's and families' rights under these laws;</li> <li>• roles and responsibilities related to the IEP/IFSP;</li> <li>• strategies for supporting inclusion;</li> <li>• strategies for modifying and adapting curriculum, schedules, materials, and instruction to meet individual needs;</li> <li>• the referral and assessment process; and</li> <li>• community supports and resources.</li> </ul> | X             | X              | X                |
| <b>6.B. Teachers' Dispositions and Professional Commitment</b>   |               |                |                  |
| All teaching staff evaluate and improve their own performance based on ongoing reflection and feedback from supervisors, peers and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individualized professional development plan with their supervisor and use it to inform their continuous professional development.  | X             | X              | X                |
| All teaching staff continuously strengthen their leadership skills and relationships with others and work to improve the conditions of children and families within their programs, the local community or region, and beyond. Teaching staff participate in informal or formal ways in local, state, or regional public-awareness activities related to early care by joining groups, attending meetings, or sharing information with others both at and outside the program. <i>This criterion is an Emerging Practice.</i>  | X             | X              | X                |

| <b>Standard 7. Family Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| <b>7.A. Knowing and Understanding the Program's Families</b>   |               |                |                  |
| As a part of orientation and ongoing staff development, new and existing program staff develop skills and knowledge to work effectively with diverse families. | X             | X              | X                |



| <b>Standard 7. Family Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Program staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds.   | X             | X              | X                |
| Program staff actively use information about families to adapt the program environment, curriculum, and teaching methods to the families they serve.  | X             | X              | X                |
| To better understand the cultural backgrounds of children, families, and the community, program staff (as a part of program activities or as individuals), participate in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families. (This criterion is an Emerging Practice.)  | X             | X              | X                |
| Program staff provide support and information to family members legally responsible for the care and well-being of a child.   | X             | X              | X                |
| Program staff establish intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.  | X             | X              | X                |
| Program staff ensure that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities. These opportunities consider each family's interests and skills and the needs of program staff.   | X             | X              | X                |
| Program staff engage with families to learn from their knowledge of their child's interests, approaches to learning, and the child's developmental needs, and to learn about their concerns and goals for their children. This information is incorporated into ongoing classroom planning.   | X             | X              | X                |
| Program staff use a variety of formal and informal methods to communicate with families about the program philosophy and curriculum objectives, including educational goals and effective strategies that can be used by families to promote their children's learning. Staff use a variety of methods such as new family orientations, small group meetings, individual conversations, and written questionnaires, which help staff get input from families about curriculum activities throughout the year. | X             | X              | X                |
| The program works with families on shared child caregiving issues, including routine separations, special needs, the food being served and consumed, and daily care issues.   | X             | X              | X                |
| Families may visit any area of the facility at any time during the program's regular hours of operation as specified by the procedures of the facility.   | X             | X              | X                |
| The program facilitates opportunities for families to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other.  | X             | X              | X                |
| The program's governing or advisory groups include families as members and active participants. Staff or other families in the program encourage and support family members in taking on leadership roles.  | X             | X              | X                |
| Program staff and families work together to plan events. Families' schedules and availability are considered as part of this planning.  | X             | X              | X                |
| <b>7.B. Sharing Information Between Staff and Families</b>  |               |                |                  |



| <b>Standard 7. Family Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Program staff use a variety of mechanisms such as family conferences or home visits to promote dialogue with families. The program staff asks adults to translate or interpret communications as needed.  | X             | X              | X                |
| The program compiles and provides program information to families in a language the family can understand. This information includes program policies and operating procedures.   | X             | X              | X                |
| Program staff inform families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and ways the program will use the information. | X             | X              | X                |
| When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment.   | X             | X              | X                |
| Program staff communicate with families on a daily basis regarding infants' and toddlers'/twos' activities and developmental milestones, shared caregiving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.   | X             | X              |                  |
| Program staff communicate with families on at least a weekly basis regarding children's activities and developmental milestones, shared caregiving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.   | X             | X              | X                |
| <b>7.C. Nurturing Families as Advocates for Their Children</b>  |               |                |                  |
| Program staff encourage families to regularly contribute to decisions about their child's goals and plans for activities and services.  | X             | X              | X                |
| Program staff encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.  | X             | X              | X                |
| Program staff encourage and support families to make the primary decisions about services that their children need, and they encourage families to advocate to obtain needed services.  | X             | X              | X                |
| Program staff use a variety of techniques to negotiate difficulties that arise in their interactions with family members. Program staff make arrangements to use these techniques in a language the family can understand.  | X             | X              | X                |
| Program staff provide families with information about programs and services from other organizations. Staff support and encourage families' efforts to negotiate health, mental health, assessment, and educational services for their children. <i>This criterion is an Emerging Practice.</i>   | X             | X              | X                |
| Program staff use established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff provide information to families that can assist them in communicating with other programs.   | X             | X              | X                |



| <b>Standard 7. Family Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| To help families with their transitions to other programs or schools, staff provide basic general information on enrollment procedures and practices, visiting opportunities, and program options. | X             | X              | X                |
| Before sharing information about a child with other relevant providers, agencies, or other programs, staff obtain written consent from the family.   | X             | X              | X                |

| <b>Standard 8. Community Relationships Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| <b>8.A. Linking with the Community</b>  |               |                |                  |
| Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what families request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention-special education screening and assessment services, and basic needs such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development. | X             | X              | X                |
| Program staff develop partnerships and professional relationships with agencies, consultants, and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve.  | X             | X              | X                |
| Program staff are familiar with family support services and specialized consultants who are able to provide culturally and linguistically appropriate services. They use this knowledge to suggest and guide families to these services as appropriate.   | X             | X              | X                |
| Program staff encourage continuity of services for children by communicating with other agencies and programs to achieve mutually desired outcomes for children and to guide collaborative work.  | X             | X              | X                |
| Program staff identify and establish relationships with specialized consultants who can assist all children's and families' full participation in the program. This assistance includes support for children with disabilities, behavioral challenges, or other special needs.  | X             | X              | X                |
| Program staff advocate for the program and its families by creating awareness of the program's needs among community councils, service agencies, and local governmental entities. <i>This criterion is an Emerging Practice.</i>  | X             | X              | X                |
| Program staff include information gathered from stakeholders in planning for continuous improvement, building stakeholder involvement in the program, and broadening community support for the program. <i>This criterion is an Emerging Practice.</i>  | X             | X              | X                |
| <b>8.B. Accessing Community Resources</b>   |               |                |                  |
| Program staff use their knowledge of the community and the families it serves as an integral part of the curriculum and children's learning experiences.  | X             | X              | X                |
| Program staff connect with and use their community's urban, suburban, rural, or tribal cultural resources.  | X             | X              | X                |



| <b>Standard 8. Community Relationships Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Program staff inform families about community events sponsored by local organizations, such as museum exhibits, concerts, storytelling, and theater intended for children.   | X             | X              | X                |
| Program staff invite members of the performing and visual arts community, such as musical performers, coordinators of traveling museum exhibits, local artists, and community residents, to share their interests and talents with the children.   | X             | X              | X                |
| The program engages with other community organizations and groups to cosponsor or participate in cultural events to enrich the experience of children and families in the program.   | X             | X              | X                |
| <b>8.C. Acting as a Citizen in the Neighborhood and the Early Childhood Community</b>  |               |                |                  |
| Program staff are encouraged to participate in local, state, or national early childhood education organizations by joining and attending meetings and conferences. Program staff are also encouraged to participate regularly in local, state, or regional public-awareness activities related to early care and education. | X             | X              | X                |
| The program encourages staff to participate in joint and collaborative training activities or events with neighboring early childhood programs and other community service agencies.   | X             | X              | X                |
| The program encourages staff and families to work together to participate in and support community improvement or advocacy projects.   | X             | X              | X                |
| Program leadership builds mutual relationships and communicates regularly with close neighbors, informing them about the program, seeking out their perspectives, involving them in the program as appropriate, and cooperating with them on neighborhood interests and needs.   | X             | X              | X                |
| Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.   | X             | X              | X                |
| Program leadership is knowledgeable about how policy changes at local, state, tribal, or national levels affect the services and resources available for children and their families.  | X             | X              | X                |



| Standard 9. Physical Environment Standard  | Infant | Toddler | Preschool |
|--|--------|---------|-----------|
| <b>9.A. Indoor and Outdoor Equipment, Materials, and Furnishings</b>   |        |         |           |
| <p>The following furnishings are available:</p> <ul style="list-style-type: none"> <li>• equipment and furnishings for diaper changing and changing soiled underwear or other clothing that are located away from food preparation areas;</li> <li>• hand-washing sinks within arm's length of diaper changing tables;</li> <li>• a chair with a back and a seating height that allows the child to sit with his or her feet on the floor or ground (for each child over the age of one year);</li> <li>• tables at a height that allows a child to sit comfortably with the table between underarm and waist;</li> <li>• at least one cot, crib, mat, sleeping bag, or pad for each child who spends more than four hours a day in the program (no child is allowed to sleep on the floor without using rest equipment);</li> <li>• at least one cot or mat with a blanket for an ill child;</li> <li>• adaptations that allow children with disabilities and other special needs to fully participate in the program's activities; and</li> <li>• A solid barrier or at least three-foot spacing that separates sleeping children from one another</li> </ul> <p><i>This indicator only is considered an Emerging Practice</i></p> | X      | X       | X         |
| Individual space is provided for each child's belongings.  | X      | X       | X         |
| Non-disposable materials are durable and in good repair. Equipment, materials, and furnishings are available that provide access for children with disabilities to the program's curriculum and activities.  | X      | X       | X         |
| <p>A variety of age- and developmentally appropriate materials and equipment are available indoors and outdoors for children throughout the day. This environment includes</p> <ul style="list-style-type: none"> <li>• dramatic play equipment;</li> <li>• sensory materials such as sand, water, play dough, paint, and blocks;</li> <li>• materials that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas; and</li> <li>• gross-motor equipment for activities such as pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; and riding.</li> </ul>   | X      | X       | X         |
| The indoor environment is designed so staff can supervise children by sight and sound at all times without relying on artificial monitoring devices. In semiprivate areas, it is always possible for both children and adults to be observed by an adult from outside the area.  | X      | X       | X         |
| When climbers, climbing gyms, slides, and other play units are part of the indoor environment, the program provides safety surfacing that is rated and installed in the fall zone as recommended by the manufacturer for the fall height of the play equipment. Furnishings such as lofts are constructed to prevent falls (e.g., with appropriate barriers), or safety surfacing is installed in the fall zone.   | X      | X       | X         |
| Staff organize and group materials on low, open shelves to encourage children to use them independently. Staff rotate and adapt materials to promote learning and extend children's play opportunities.  | X      | X       | X         |



| <b>Standard 9. Physical Environment Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Materials and equipment that facilitate focused individual play or play with peers are available in sufficient quantities to occupy each child in activities that meet his or her interests.  | X             | X              | X                |
| Program staff arrange the environment to be welcoming and accessible. A welcoming and accessible environment contains elements such as <ul style="list-style-type: none"> <li>• multicultural materials that promote appreciation for diversity while being respectful of the cultural traditions, values, and beliefs of families being served;</li> <li>• clearly defined places where families can gather information regarding the daily schedule and upcoming events;</li> <li>• clearly defined places where families sign in, sign out, and gather information about their child's day;</li> <li>• places for displaying children's work; and</li> <li>• features that moderate visual and auditory stimulation.</li> </ul>  | X             | X              | X                |
| The indoor environment includes washable, soft elements that allow groups of children or adults and children to sit in close proximity for conversations or comforting.   | X             | X              | X                |
| Clear pathways are available for children to move from one area to another without disturbing other children's work and play.   | X             | X              | X                |
| Indoor space is designed and arranged to <ul style="list-style-type: none"> <li>• accommodate children individually, in small groups, and in a large group.</li> <li>• divide space into areas that are supplied with materials organized in a manner to support children's play and learning.</li> <li>• provide semiprivate areas where children can play or work alone or with a friend.</li> <li>• provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the indoor space.</li> </ul>  | X             | X              | X                |
| Staff select and use materials, equipment, and furnishings to support the curriculum, meet program goals, and foster the achievement of desired outcomes for children.  | X             | X              | X                |
| Adults have a comfortable place to sit, hold, and feed infants. Staff place rocking chairs and glider chairs in locations that will avoid injury to children who may be on the floor.   | X             |                |                  |
| Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.  | X             |                |                  |
| <b>9.B. Outdoor Environmental Design</b>  |               |                |                  |
| Outdoor play areas, designed with equipment that is age and developmentally appropriate and that is located in clearly defined spaces with semiprivate areas where children can play alone or with a friend, accommodate <ul style="list-style-type: none"> <li>• motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting or swinging.</li> <li>• activities such as dramatic play, block building, manipulative play, or art activities.</li> <li>• exploration of the natural environment, including a variety of natural and manufactured surfaces, and areas with natural materials such as nonpoisonous plants, shrubs, and trees.</li> <li>• The program makes adaptations so children with disabilities can fully participate in the outdoor curriculum and activities.</li> </ul> | X             | X              | X                |
| Program staff provide an outdoor play area that is protected by fences or by natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells.   | X             | X              | X                |



| <b>Standard 9. Physical Environment Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| The outdoor play area is arranged so that staff can supervise children by sight and sound.   | X             | X              | X                |
| The program provides at least 75 square feet of outside play space for each child playing outside at any one time. The total amount of required play space is based on a maximum of one-third of the total center enrollment being outside at one time.  | X             | X              | X                |
| Sandboxes that are part of a program facility are constructed to allow for drainage, are covered when not in use, and are cleaned of foreign matter on a regular basis. Staff replace sand as often as necessary to keep the sand clean.   | X             | X              | X                |
| The outdoor play area protects children from <ul style="list-style-type: none"> <li>injury from falls (resilient surfacing should extend six feet beyond the limits of stationary equipment).</li> <li>catch points, sharp points, and protruding hardware.</li> <li>entrapment (openings should measure less than 3.5 inches or more than 9 inches).</li> <li>tripping hazards.</li> <li>excessive wind and direct sunlight.</li> </ul>   | X             | X              | X                |
| The findings of an assessment by a Certified Playground Safety Inspector are documented and available on-site. The assessment documents <ul style="list-style-type: none"> <li>that play equipment is safe, protecting against death or permanently disabling injury for children from two years through kindergarten.</li> <li>that, through remedial action, the program has corrected any unsafe conditions, where applicable.</li> <li>that an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety.</li> <li>that the outdoor play area accommodates abilities, needs, and interests of each age group the program serves.</li> </ul> <i>This criterion is an Emerging Practice</i> | X             | X              | X                |
| <b>9.C. Building and Physical Design</b>   |               |                |                  |
| There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. (The primary activity area does not include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, any sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving. Specialty areas such as computer rooms, reading rooms, and lunchrooms, where children are expected to remain seated for short periods of time may be excluded from the minimum space requirement.)  | X             | X              | X                |
| The work environment for staff, including classrooms and staff rooms, is comfortable and clean and is in good repair. The work environment includes a place for adults to take a break from children; an adult-sized bathroom; a secure place for staff to store their personal belongings; and an administrative area for planning or preparing materials that is separated from the children's areas.  | X             | X              | X                |
| Facilities meet Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas.   | X             | X              | X                |
| The program provides children who attend for more than two hours at a time natural light in at least some of the indoor areas occupied during the course of the day.   | X             | X              | X                |



| <b>Standard 9. Physical Environment Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Toilets, drinking water, and hand-washing facilities are within 40 feet of the indoor areas that children use. The hand-washing sinks are accessible to staff and children (step stools are available if needed).  | X             | X              | X                |
| The routine frequency of cleaning and sanitation in the facility is carried out as indicated in NAEYC's Cleaning and Sanitation Frequency Table. Staff clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, or cubicle handles and floors either daily or immediately if visibly soiled. Staff clean and sanitize potty chairs, if in use, after each child's use.  | X             | X              | X                |
| The building is well maintained: <ul style="list-style-type: none"> <li>Walls, floors, furnishings, the outdoor play area, and equipment are kept in good repair and are safe, with no sharp edges, splinters, protruding or rusty nails, or missing parts.</li> <li>All areas, both indoors and outdoors, are free from glass, trash, sharp or hazardous items, and visible soil, and are in a clean condition.</li> <li>Staff observe all areas of the facility, both indoors and outdoors, and take steps to correct or avoid unsafe conditions.</li> </ul>                             | X             | X              | X                |
| Program staff protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes baby walkers.  | X             | X              | X                |
| Program staff make sure that stairwells and corridors are well lighted. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as clearly marked regular and emergency exits.  | X             | X              | X                |
| Fully equipped first-aid kits are readily available and maintained for each group of children. Staff take at least one kit to the outdoor play areas as well as on field trips and outings away from the site.   | X             | X              | X                |
| Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Fully working carbon monoxide detectors are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates and battery changes is maintained and available.  | X             | X              | X                |
| Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least four feet in height, with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables.  | X             | X              | X                |
| Areas that have been recently painted, carpeted, tiled, or otherwise renovated are ventilated before they are used by children.  | X             | X              | X                |
| Vehicles that programs use are held to school bus standards or are multifunction school activity buses. These vehicles are labeled with the program's name and phone number. Program vehicle maintenance is performed according to manufacturers' recommended maintenance schedule. Documentation of maintenance is available on-site for each vehicle, showing date of regular and at least quarterly inspections and preventative maintenance. Staff carry out daily pre-trip inspections of vehicles and correct any unsafe conditions, including unsatisfactory air pressure in tires. | X             | X              | X                |



| <b>Standard 9. Physical Environment Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| Staff use vehicles and approved child and adult safety-restraint devices in accordance with the manufacturer's instructions, and they use the restraints at all times when transporting children.  | X             | X              | X                |
| Program staff identify choking hazards and remove them from the proximity and reach of infants and toddlers/twos.  | X             | X              |                  |
| Bathrooms have barriers to prevent entry by unattended infants and toddlers/twos.  | X             | X              |                  |
| <b>9.D Environmental Health</b>  |               |                |                  |
| Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults if warranted by the assessment.   | X             | X              | X                |
| When the water supply source is a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.  | X             | X              | X                |
| Program staff protect children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting outdoor and physical activity as a precaution during smog or other air pollution alerts.  | X             | X              | X                |
| The program has taken measures in all rooms occupied by children to control noise levels so normal conversation can be heard without raising one's voice.  | X             | X              | X                |
| All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.   | X             | X              | X                |
| The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.  | X             | X              | X                |
| Areas used by staff or children who have allergies to dust mites or to components of furnishings or supplies are maintained by the program according to the recommendations of health professionals.   | X             | X              | X                |
| The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants. Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation, and other exposure to children. The program uses the techniques known as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation. | X             | X              | X                |
| Toxic substances (used only as directed by the manufacturer) are stored in original labeled container and kept in a locked room or cabinet, inaccessible to children, and away from medications and foods. Matches and lighters are not accessible, and gasoline and other flammable materials are stored (when needed) in a separate building.  | X             | X              | X                |



| Standard 10. Leadership and Management Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <b>10.A. Leadership</b>   |        |         |           |
| The program has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes.   | X      | X       | X         |
| <p>The program administrator has the educational qualifications and personal commitment required to serve as the program's operational and pedagogical leader. The administrator</p> <ul style="list-style-type: none"> <li>• has at least a baccalaureate degree (degrees and college coursework from regionally accredited institutions of higher education that may have been earned through online course work, distance learning, degree completion programs or some combination that offer credit as part of a formal assessment of prior learning.)</li> <li>• has at least 9 credit-bearing hours of specialized college-level course work in administration, leadership, and management (which can be in school administration, business management, communication, technology, early childhood management or administration, or some combination of these areas.)</li> <li>• has at least 24 credit-bearing hours of specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• documents that a plan is in place to meet the above qualifications within five years.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• having achieved a combination of relevant formal education and experience as specified in NAEYC Table 2, <u>Alternative Pathways</u> to Achieve Educational Qualifications of a Program Administrator.</li> </ul> <p><b>This is a required criterion.</b></p> | X      | X       | X         |
| The program administrator demonstrates commitment to a high level of continuing professional <u>competence</u> and an ability to promote teamwork.  | X      | X       | X         |



| Standard 10. Leadership and Management Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <p>The program, regardless of its size or funding auspices, has a designated program administrator with the educational qualifications detailed in Criterion 10.A.02.</p> <p>When a program has a total enrollment of fewer than 60 full-time equivalent (FTE) children, employs fewer than eight FTE staff, or both,</p> <ul style="list-style-type: none"> <li>• a program may have a part-time administrator or an administrator who fulfills a dual role (e.g., teacher-administrator), and</li> <li>• In multi-site programs, the sites may share an off-site administrator.</li> </ul> <p>When a program has a total enrollment of 60 or more FTE children, employs eight or more FTE staff, or both,</p> <ul style="list-style-type: none"> <li>• a program has a full-time administrator, or</li> <li>• at multi-site programs, individual facilities have on-site a full-time administrator or full-time manager under the direct supervision of an individual who meets the qualifications outlined for the program administrator. <p>Note: When two or more people share administrative responsibilities, at least one person must meet the qualifications detailed in criterion 10.A.02. This person is considered the designated administrator, and her or his contributions will be included in the assessment of criteria within the Leadership topic area.</p> </li></ul> | X      | X       | X         |
| The program administrator provides leadership to staff to implement the program mission.  | X      | X       | X         |
| The program administrator responds proactively to changing conditions to enhance program quality.   | X      | X       | X         |
| The program administrator and other program leaders systematically support an organizational climate that fosters trust, collaboration, and inclusion.  | X      | X       | X         |
| <b>10.B. Management Policies and Procedures</b>   |        |         |           |
| Policies detail staff responsibilities, planning time, training and resources, address the importance of families and professionals across disciplines, and emphasize the need to work as teams and to build community partnerships.  | X      | X       | X         |
| All components of program operation are guided by written policies and are carried out through articulated plans, systems, and procedures that enable the program to run smoothly and effectively and that guide the program toward achieving its goals.  | X      | X       | X         |
| Technology-based information management systems are in place. Procedures guide staff in collecting and analyzing data that are used to monitor the operation of the program and to inform program improvement. <i>This criterion is an Emerging Practice.</i>   | X      | X       | X         |
| The program and facility are licensed to operate or are regulated by the applicable state and local regulatory systems. The program maintains documentation showing that it is considered in good standing by its regulatory bodies, and it can document all certifications, approvals, and corrections of violations and deficiencies. <b>This is a required criterion.</b>  | X      | X       | X         |
| Accident and liability insurance coverage is maintained for children and adults. A certificate of insurance is available for review.  | X      | X       | X         |
| If a program is led or governed by a board of directors, advisory group, council, or other similar group, written policies define their roles and responsibilities along with those of the program staff who work directly with those entities.   | X      | X       | X         |



| Standard 10. Leadership and Management Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <p>The program has a strategic planning process that outlines actions the program will take to</p> <ul style="list-style-type: none"> <li>• implement the program's vision and mission.</li> <li>• achieve outcomes desired for children.</li> <li>• maintain high-quality services to children and families.</li> <li>• provide long-term resources to sustain the operation of the program.</li> </ul>  | X      | X       | X         |
| <p>The program has written policies and procedures that demonstrate how the program prepares for, orients, and welcomes children and families. These policies and procedures are shared verbally and in writing with families of enrolled children and are available in languages that families use and understand.</p> <p>Policies address</p> <ul style="list-style-type: none"> <li>• the program's philosophy and curriculum goals and objectives,</li> <li>• the program's commitment to welcome children and families; and</li> <li>• guidance and discipline.</li> </ul> <p>Procedures address</p> <ul style="list-style-type: none"> <li>• the variety of strategies used by the program for ongoing communication with families, including communication in their preferred language or through translation;</li> <li>• how IFSPs, IEPs, and other individualized plans will be addressed for children with disabilities and other special learning needs;</li> <li>• health and safety precautions and requirements that affect families and their children including building security and access, medications, inclusion or exclusion of ill children, and emergency plans;</li> <li>• the variety of techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff;</li> <li>• payment, meals and snacks, and sleeping arrangements;</li> <li>• how the program ensures confidentiality of child and family information;</li> <li>• how and when children are scheduled for field trips;</li> <li>• safety precautions that will be used to safeguard the children on trips, including having a communication device to call for help whenever necessary while on the trip, having first-aid supplies on the trip, and alternate transportation arrangements if there is a problem with the transportation vehicles during the trip.</li> </ul> | X      | X       | X         |
| <p>The program has plans and policies to attract and maintain a consistently qualified, well-trained staff and reduce staff turnover.</p>   | X      | X       | X         |
| <p>Policies guide the appropriate use of specialized consultants to support staff's efforts to meet the needs of children and families to participate fully in the program, including children with disabilities, behavior challenges, or other special needs. Procedures address expected consultant skills, payment, access, availability, and working relationships with staff as well as how the program will arrange with other agencies to use their consultants for children who are eligible for their services. <i>This criterion is an Emerging Practice.</i></p>   | X      | X       | X         |
| <p>Policies prescribe that each group be assigned teaching staff who have primary responsibility for working with that group of children. These teaching staff provide ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed to protect children's well-being.</p>  | X      | X       | X         |



| Standard 10. Leadership and Management Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| <p>Written procedures address the maintenance of developmentally appropriate teaching staff-child ratios within group size to facilitate adult-child interaction and constructive activity among children.</p> <p>Teaching staff-child ratios within group size (see <u>ratios below</u>) are maintained during all hours of operation, including indoor time, outdoor time, and during transportation and field trips (when transporting children, the teaching staff-child ratio is used to guide the adult-child ratio).</p> <p>Groups of children may be limited to one age or may include multiple ages. (A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area.)</p> <ul style="list-style-type: none"> <li>Teaching staff-child ratios within group size (see <u>ratios below</u>) are maintained during all hours of operation, including indoor time, outdoor time, and during transportation and field trips (when transporting children, the teaching staff-child ratio is used to guide the adult-child ratio).</li> <li>Groups of children may be limited to one age or may include multiple ages. (A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area.)</li> </ul> | X      | X       | X         |
| <p>The program is organized and staffed to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children.</p>  | X      | X       | X         |
| <p>Procedures address transition planning by administrators, teachers, and families to facilitate children's transition from one teacher to another, from one group to another, from one classroom to another, and from one program to another.</p>   | X      | X       | X         |
| <p>Policies encourage keeping infants and toddlers/twos together with their teaching staff for nine months or longer.</p>   | X      | X       |           |
| <b>10.C. Fiscal Accountability Policies and Procedures</b>  |        |         |           |
| <p>Financial policies and the procedures to implement them provide evidence of sound fiscal accountability using standard accounting practices. Financial policies and procedures are consistent with the program's vision, philosophy, mission, goals, and expected child outcomes. Operating budgets are prepared annually, and there is at least quarterly reconciliation of expenses to budget. A system exists to review or adjust the budget if circumstances change, and it includes a yearly audit. Budgets are reviewed and amended as needed. Fiscal records (such as revenue and expenditure statements, balance sheets, banking reconciliation, etc.) are kept as evidence of sound financial management.</p>   | X      | X       | X         |
| <p>The person directly responsible for program implementation (administrator, site manager, program manager, or supervising teacher) is included in long-range fiscal planning and in operating budget preparation, reconciliation, and review.</p>   | X      | X       | X         |



| Standard 10. Leadership and Management Standard   | Infant | Toddler | Preschool |
|---|--------|---------|-----------|
| The program has resources to support the program's vision, philosophy, mission, goals, operation, and expected child outcomes. Program administrators and other program leaders actively work to generate and manage the resources needed to support a program of excellence.   | X      | X       | X         |
| <b>10.D. Health, Nutrition, and Safety Policies and Procedures</b>  |        |         |           |
| <p>The program has written policies to promote wellness and safeguard the health and safety of children and adults. Procedures are in place that address</p> <ul style="list-style-type: none"> <li>• steps to reduce occupational hazards such as infectious diseases (e.g., exposure of pregnant staff to CMV [cytomegalovirus], chicken pox), injuries (e.g., back strain, falls), environmental exposure (e.g., indoor air pollution, noise, stress);</li> <li>• management plans and reporting requirements for staff and children with illness, including administration of medication, and criteria for their inclusion or exclusion;</li> <li>• supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injury could occur;</li> <li>• the providing of space, supervision, and comfort for a child waiting for pick up because of illness;</li> <li>• the providing of adequate nutrition for children and adults;</li> <li>• sleeping and napping arrangements, including sleep positioning for infants;</li> <li>• sanitation and hygiene, including food handling and feeding;</li> <li>• maintenance of the facility and equipment;</li> <li>• prohibition of smoking, firearms, and other significant hazards that pose risks to children and adults; and</li> <li>• the providing of referrals for staff to resources that support them in wellness, prevention and treatment of depression, and stress management.</li> </ul> | X      | X       | X         |
| The program has written procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements.  | X      | X       | X         |
| The program has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.   | X      | X       | X         |
| The program has written procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program.  | X      | X       | X         |



| <b>Standard 10. Leadership and Management Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| <p>The program has written procedures that outline the health and safety information to be collected from families and to be maintained on file for each child in one central location within the facility. The files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to</p> <ul style="list-style-type: none"> <li>• administrators or teaching staff who have consent from a parent or legal guardian for access to records,</li> <li>• the child's parents or legal guardian, and</li> <li>• regulatory authorities, on request.</li> </ul>  | X             | X              | X                |
| <p>Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures</p> <ul style="list-style-type: none"> <li>• facilitate family-staff interaction.</li> <li>• ensure that all children transported during the program day are accounted for before, during, and after transport.</li> <li>• ensure the safety of all children as pedestrians and as passengers.</li> <li>• address specific procedures for children with disabilities.</li> <li>• address special circumstances in picking up children at the end of the day.</li> </ul>   | X             | X              | X                |
| <p>Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on-site.</p>   | X             | X              | X                |
| <p>The program has written and posted disaster preparedness and emergency evacuation procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the administrator is not on-site. The procedures include</p> <ul style="list-style-type: none"> <li>• plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation;</li> <li>• plans for handling lost or missing children, security threats, utility failure, and natural disasters;</li> <li>• arrangements for emergency transport and escort from the program; and</li> <li>• monthly practice of evacuation procedures with at least yearly practice of other emergency procedures.</li> </ul> | X             | X              | X                |



| <b>Standard 10. Leadership and Management Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| <p>The program has written, up-to-date, comprehensive procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include</p> <ul style="list-style-type: none"> <li>• identification of a hospital or other source of medical care as the primary site for emergency care (program staff have informed the facility of their intent to use their services in an emergency);</li> <li>• immediate access to written familial-consent forms to relevant health insurance information for emergency medical treatment and transportation arrangements;</li> <li>• arrangements for emergency transport and escort from the program of individuals who require immediate medical attention;</li> <li>• presence of an adult with current pediatric first-aid training certification on-site at all times (training includes providing rescue breathing, management of a blocked airway, and any special procedures that physicians of enrolled children have documented that the children require); and</li> <li>• individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; conditions that require regular medication or technology support).</li> </ul> | X             | X              | X                |
| <p>Policies address the use of medications and special medical procedures needed by enrolled children:</p> <ul style="list-style-type: none"> <li>• Medications are labeled with (a) the child's first and last name, name of clinician, expiration date, and manufacturer's instructions or (b) the original prescription label that details the name and strength of the medication as well as directions on administering and storing.</li> <li>• Medication is administered only with written permission of the parent or legal guardian and as prescribed or as recommended in writing or by another form of direct communication with a licensed health care provider for a specific child. A standing order from a licensed health care provider may guide the use of over-the-counter medications with children in the program when that order details the specific circumstances and provides specific instructions for individual dosing of the medication.</li> <li>• Teaching staff who administer care to children requiring special medical procedures are competent in the procedure and guided in writing by the prescribing health care provider.</li> </ul>  | X             | X              | X                |
| <b>10.E. Personnel Policies</b>  |               |                |                  |
| <p>The program has written personnel policies that define the roles and responsibilities, qualifications, and specialized training required of staff and volunteer positions. The policies outline nondiscriminatory hiring procedures and policies for staff evaluation. Policies detail job descriptions for each position, including reporting relationships; salary scales with increments based on professional qualification, length of employment, and performance evaluation; benefits; and resignation, termination, and grievance procedures. Personnel policies provide for incentives based on participation in professional development opportunities. The policies are provided to each employee upon hiring.</p>  | X             | X              | X                |



| <b>Standard 10. Leadership and Management Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| <p>Hiring procedures ensure that all employees in the program (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff) who come into contact with children in the program or who have responsibility for children</p> <ul style="list-style-type: none"> <li>• have passed a criminal-record check.</li> <li>• are free from any history of substantiated child abuse or neglect.</li> <li>• are at least 18 years old (except vehicle drivers, who must be at least 21).</li> <li>• have completed high school or the equivalent.</li> <li>• • have provided personal references and a current health assessment that attest to the prospective employee's ability to perform the tasks required to carry out the responsibilities of their position.</li> </ul>   | X             | X              | X                |
| <p>Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of the families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served, and these individuals regularly interact with the children and families.</p>  | X             | X              | X                |
| <p>Programs maintain current health information from documented health assessments for all paid staff and for all volunteers who work more than 40 hours per month and have contact with children. A current health assessment (not more than one year old) is received by the program before an employee starts work or before a volunteer has contact with children. The health assessment is updated every two years. Documented health assessments include</p> <ul style="list-style-type: none"> <li>• immunization status,</li> <li>• capacities and limitations that may affect job performance, and</li> <li>• documentation by a licensed health professional of TB skin testing using the Mantoux method and showing the employee to be free from active TB disease. For those who have positive TB skin tests and who develop a persistent cough or unexplained fever, immediate assessment by a licensed physician is required. For those who have increased risk of TB according to the Centers for Disease Control (CDC), documentation is required annually by a licensed health professional showing that the employee is free from active TB disease.</li> </ul> | X             | X              | X                |
| <p>New staff members serve an introductory period of employment during which the administrator or other qualified person makes a professional judgment as to their physical and psychological competence for working with children.</p>   | X             | X              | X                |
| <p>The programs offer benefits packages for full-time staff who have satisfactorily completed their introductory period of employment. Written policies detail employee benefits and include health insurance; employee leave, including sick, vacation, holiday, and personal leave; education benefits; and retirement. The written policies are shared with each employee. Benefits for part-time employees are available on a prorated basis. If some or all of these benefits are not available, a written plan for improving benefits is developed and implemented.</p>   | X             | X              | X                |
| <p>Staff are provided space and time away from children during the day. When staff work directly with children for more than four hours, staff are provided breaks of at least 15 minutes in each four-hour period. In addition, staff may request temporary relief when they are unable to perform their duties.</p>   | X             | X              | X                |



| <b>Standard 10. Leadership and Management Standard</b>  | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|---|---------------|----------------|------------------|
| Confidential personnel files, including applications with record of experience, transcripts of education, health assessment records, documentation of ongoing professional development, and results of performance evaluation, are kept in a secure location.   | X             | X              | X                |
| All staff are evaluated at least annually by an appropriate supervisor or, in the case of the program administrator, by the governing body.   | X             | X              | X                |
| An individual professional development plan is generated from the staff-evaluation process and is updated at least annually and ongoing as needed.  | X             | X              | X                |
| The program has an implementation plan for professional development, including orientations for new staff. Credit bearing course work is included in the professional development plan whenever possible. The plan improves staff credentials and competencies. It is updated at least annually or as needed based on the evaluation process, the need to keep staff's knowledge current, or other identified needs.  | X             | X              | X                |
| The program's professional development plan o is based on needs identified through staff evaluation and from other information from program evaluation processes. <ul style="list-style-type: none"> <li>• is written and shared with staff.</li> <li>• includes mentoring, coaching, and other professional development opportunities for all staff.</li> <li>• includes discussions of ethical issues.</li> <li>• includes training in the policies and procedures of the program.</li> <li>• includes training in skills for building positive relationships, all aspects of the curriculum, teaching practices, skills for partnering with families and communities, and skills for collaborating and participating as a member of a team.</li> </ul> | X             | X              | X                |
| <b>10.F. Program Evaluation, Accountability, and Continuous Improvement</b>   |               |                |                  |
| At least annually, administrators, families, staff, and other routinely participating adults are involved in a comprehensive program evaluation that measures progress toward the program's goals and objectives. Valid and reliable processes are used to gather data and evidence.  | X             | X              | X                |
| The annual evaluation processes include gathering evidence on all areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. A report of the annual evaluation findings is shared with families, staff, and appropriate advisory and governance boards, and the results are used as a basis for continuing successful activities and for changing those that need improvement.  | X             | X              | X                |
| The program establishes goals for continuous improvement and innovation using information from the annual program evaluation. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.  | X             | X              | X                |
| The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations.   | X             | X              | X                |



| <b>Standard 10. Leadership and Management Standard</b>   | <b>Infant</b> | <b>Toddler</b> | <b>Preschool</b> |
|--|---------------|----------------|------------------|
| The program has an ongoing monitoring system to ensure that all program goals and requirements are met. The program has a data system that is used to collect evidence that goals and objectives are met; this evidence is incorporated in the annual program evaluation. <i>This criterion is an Emerging Practice.</i> | X             | X              | X                |

| <b>NAEYC Teacher/Child ratios</b>           |                   |     |     |     |     |     |     |      |      |      |
|---|-------------------|-----|-----|-----|-----|-----|-----|------|------|------|
| <b>Age Group</b>                            | <b>Group Size</b> |     |     |     |     |     |     |      |      |      |
|   | 6                 | 8   | 10  | 12  | 14  | 16  | 18  | 20   | 22   | 24   |
| <i>Infants</i>                              |                   |     |     |     |     |     |     |      |      |      |
| Birth to 15 months                          | 1:3               | 1:4 |     |     |     |     |     |      |      |      |
| <i>Toddler/Twos (12-36 months)</i>          |                   |     |     |     |     |     |     |      |      |      |
| 12-28 months                                | 1:3               | 1:4 | 1:4 | 1:4 |     |     |     |      |      |      |
| 21-36 months                                |                   | 1:4 | 1:5 | 1:6 |     |     |     |      |      |      |
| <i>Preschool</i>                            |                   |     |     |     |     |     |     |      |      |      |
| 2.5 year olds to 3 year olds (30-48 months) |                   |     |     | 1:6 | 1:7 | 1:8 | 1:9 | 1:10 |      |      |
| 4 year olds                                 |                   |     |     |     |     | 1:8 | 1:9 | 1:10 |      |      |
| 5 year olds                                 |                   |     |     |     |     | 1:8 | 1:9 | 1:10 | 1:11 | 1:12 |

<https://oldweb.naeyc.org/academy/standards>



## Appendix 9. Core Program Elements of Quality Programming

The Educare model is a high-quality childcare/learning program for ages 0-5 that is designed to be implemented around a Head Start program. Although results from Head Start are mixed, research conducted by the Frank Porter Graham Institute at the University of North Carolina has demonstrated that low income children who enroll in Educare as infants or toddlers have been shown to enter kindergarten with the same skills as middle-income peers<sup>16</sup>. The Winnebago tribe of Nebraska is currently engaged in the construction of a \$10M state of the art childcare and early learning facility that utilizes a design gthat emphasizes tribal traditions and will provide services using an Educare model.<sup>17</sup>

### Core Program Elements of Highest Quality Programming

| Core Elements                                | Educare Model Infant-Toddler  | Educare Model Preschool   |
|--|---|---|
| Service hours                                | Provision of Full Day, Full Year operations   | Same  |
| Low Staff-Child Ratios and Small Class Sizes | Maintain Low Staff-Child Ratios and Small Class Sizes: 3 adults and 8 children  | Maintain Low Staff-Child Ratios and Small Class Sizes: 3 adults and 17 children |
| Use of Research-Based Strategies             | Programs engage in a system of reciprocal data feedback and utilization for continuous program improvement and individualized planning for children and families. Parents are engaged in ongoing communication about their child’s screenings and assessments. Programs participate in the national, multi-site Educare Learning Network Implementation Study. Programs secure a local evaluation | Same  |

<sup>16</sup> <http://www.educareschools.org/about/pdfs/Demonstrating-Results.pdf>

<sup>17</sup> <http://www.winnebagoTribe.com/educare.html>



| <b>Core Elements</b>                           | <b>Educare Model Infant-Toddler</b>  | <b>Educare Model Preschool</b>  |
|--|--|---|
|  | partner to assist in ongoing local program evaluation and the national Implementation Study.   |   |
| <b>Continuity of Care</b>                      | To minimize transitions and help children develop secure relationships, primary caregiving is in place for all children, each primary caregiver is assigned no more than four infants and toddlers. Children remain with the same teaching team from birth to age three. Program uses strategies to retain staff and maintain staff group assignments.   | To minimize transitions and help children develop secure relationships, primary caregiving is in place for all children, each primary caregiver is assigned no more than nine preschoolers. Children remain with a second set of teachers from age three until they transition to kindergarten. Program uses strategies to retain staff and maintain staff group assignments. |
| <b>On-site Family Support Services Offered</b> | <p>The program fosters the development of strong, positive relationships among children, families and staff. Staff use evidence-based strategies that help parents promote and sustain their children’s learning and later success in school:</p> <ul style="list-style-type: none"> <li>o Promote and enhance the parent-child relationship</li> <li>o Provide parents with information about their child’s growth and development</li> <li>o Encourage parents to get involved in their child’s education and school</li> </ul> <p>Family support specialists have small caseloads, averaging 30 or fewer families.</p> <p>Staff develop strong relationships with community organizations to facilitate referrals for services not available on site, such as mental health services.</p> | Same  |



| Core Elements  | Educare Model Infant-Toddler  | Educare Model Preschool                 |
|--|---|---|
| <p><b>High Staff Qualifications with Intensive Staff Development</b></p> | <p>Master teachers oversee no more than four classrooms to provide intensive coaching, mentoring and support to teachers and to promote excellent classroom practice and staff retention. Master teachers have advanced degrees in early childhood education and special training in infancy for birth-to-age-three classrooms. In each classroom, there is a:</p> <ul style="list-style-type: none"> <li>o Lead teacher with a bachelor’s degree in early childhood education;</li> <li>o Assistant teacher with an associate’s degree in early childhood education; and</li> <li>o Teacher aide with a high school diploma/GED and courses or credential in child development.</li> </ul> <p>If staff credentials above are not fully implemented, the agency clearly defines qualifications and expectations for staff to achieve the requirements.</p> <p>Family support supervisors have master's degrees in social work or its equivalent.</p> <p>Family support specialists have bachelor’s or master’s degrees in an appropriate field.</p> <p>With their supervisors, all staff members develop individual plans for professional development.</p> <p>Auxiliary staff (floaters and permanent substitutes) are available to maintain classroom ratios and support participation in</p> | <p style="text-align: center;">Same</p> |



| Core Elements                         | Educare Model Infant-Toddler  | Educare Model Preschool |
|---------------------------------------|---|-------------------------|
|                                       | professional development activities.<br>Program supports all staff pursuing degrees in early childhood education.   |                         |
| <b>Focus on Language and Literacy</b> | Intentional emphasis on language and literacy in: <ul style="list-style-type: none"> <li>o age-appropriate assessments</li> <li>o curriculum and lesson plans</li> <li>o program planning</li> <li>o family engagement work</li> <li>o teacher supervision</li> <li>o adult and peer interaction</li> </ul> Master teachers review assessment data, observe classrooms and provide direct coaching to teachers on early language and literacy strategies. | Same                    |



| Core Elements                                       | Educare Model Infant-Toddler  | Educare Model Preschool |
|---|---|-------------------------|
| <p><b>Focus on Social Emotional Development</b></p> | <p>Social-emotional developmental theory informs all aspects of the program.</p> <p>Intentional emphasis on social-emotional development in:</p> <ul style="list-style-type: none"> <li>o age-appropriate screening and assessments</li> <li>o curriculum and lesson plans</li> <li>o program planning</li> <li>o family engagement work</li> <li>o teacher supervision</li> <li>o program operation</li> </ul> <p>All staff are trained annually on the discipline and guidance policy, which is based on proactive, positive approaches to discipline.</p> <p>The environment and staff behavior emphasize the centrality of relationships.</p> <p>All staff are trained on fostering engagement with children and families, with attention to verbal, non-verbal and written communications, as well as conflict resolution and cultural contexts.</p> <p>Transition planning for all moves into, within and from the program begins at least six months in advance and involves parents and multi-disciplinary staff teams.</p> | <p>Same</p>             |
| <p><b>Focus on Problem Solving and Literacy</b></p> | <p>Curriculum emphasizes problem-solving and numeracy skills development.</p> <p>Staff include these skills in individual child strength plans, weekly lesson plans and the design of group interactions.</p>   | <p>Same</p>             |



| <b>Core Elements</b>                        | <b>Educare Model Infant-Toddler</b>   | <b>Educare Model Preschool</b> |
|---|---|--------------------------------|
| <b>Integration of the Arts</b>              | <p>Programs use the arts to strengthen and support social-emotional, language and literacy development.</p> <p>Curriculum includes intentional emphasis on art experiences (drama, dance, music, story-telling and visual arts) to foster development.</p> <p>Community artists provide live performances and serve as classroom artists-in-residence.</p> <p>Parents, families and staff have opportunities to participate in arts activities.</p>   | Same                           |
| <b>Implement Interdisciplinary Approach</b> | <p>Programs build effective teams among supervisors, teachers, family support, other staff, consultants and families.</p> <p>Staff implement and document strategies to ensure that everyone understands the importance of multiple perspectives and has the skills to be successful in their interdisciplinary efforts.</p> <p>Education and family support staff meet regularly to discuss and understand the child in the context of his or her family and conduct family/child reviews for each child a minimum of three times a year.</p> <p>Parent conferences include teachers, family support and other appropriate staff.</p> <p>Staff receive consultation from professionals with specialized information and expertise.</p> | Same                           |



| <b>Core Elements</b>                                  | <b>Educare Model Infant-Toddler</b>   | <b>Educare Model Preschool</b> |
|---|---|--------------------------------|
| <b>Implement Reflective Practice and Supervision</b>  | <p>All program design and management systems support the integration and infusion of reflective practice and supervision.</p> <p>Reflective practice is implemented as the organizational model, including sensitivity to context, commitment to growth and change, shared goals, open communication, commitment to reflecting on the work and clear professional standards.</p> <p>Reflective supervision – incorporating the elements of reflection, regularity and collaboration – is implemented as the supervisory model at all staff levels.</p> <p>Each supervisor manages six or fewer supervisees.</p> <p>All Educare staff participate in individual reflective supervision at least once a month, with an additional group or individual reflective supervision.</p> <p>Job descriptions and performance appraisals include reflective practice and supervision.</p> | Same                           |
| <b>Connect Parents to Community Prenatal Services</b> | <p>To promote maternal and child health and well-being, the program or community partners provide Early Head Start services to pregnant women and newborns. Programs enroll infants as early as families require. Some programs provide doula services (prenatal and childbirth assistance) to build relationships with families and between parent and child as early as possible.</p>   | Same                           |



## Appendix 10. Budget

### Budget for 0-5 Learning Center

The following budget is based on estimated staffing and resources for regular 8-5 programming for two infant classrooms, two toddler classrooms and five pre-school classrooms according to NAEYC teacher-child ratio criteria (12 infants with four teachers; 24 toddlers with six teachers; 60 preschoolers with six teachers) Monday-Sunday as well as three additional preschool classrooms for 50 Head Start children from 12:00-5:00 p.m. Monday-Thursday and 8:00 a.m.-5:00 p.m. on Friday.

| <b>Budget for 0-5 Learning Center</b> |  |                         |                            |
|---------------------------------------|--|-------------------------|----------------------------|
| <b>Budget Category</b>                |  | <b>Year One Costs:</b>  | <b>Annual Maintenance:</b> |
| <b>Salary by FTE</b>                  | <b>Program Director</b>  | \$82,539 <sup>18</sup>  | \$82,539                   |
|                                       | <b>Lead Teacher - infant classrooms (BA in ECE) - 3.15 FTE teachers at \$15/hour.</b>            | \$98,280 <sup>19</sup>  | \$98,280                   |
|                                       | <b>Lead Teacher - toddler classrooms (BA in ECE) - 3.15 FTE teachers at \$15/hour.</b>           | \$98,280 <sup>20</sup>  | \$98,280                   |
|                                       | <b>Lead Teacher - preschool classrooms (BA in ECE) - 9.69 FTE teachers at \$15/hour.</b>         | \$302,328 <sup>21</sup> | \$302,328                  |
|                                       | <b>Asst. Teacher - infant classroom (Assoc. Degree in ECE) - 3.15 FTE teachers at \$11/hour.</b> | \$72,072                | \$72,072                   |
|                                       | <b>Asst. Teacher - toddler classroom (Assoc. Degree in ECE) - 6.3 FTE teachers at \$11/hour.</b> | \$144,144               | \$144,144                  |

<sup>18</sup> This an average between grade V (\$73,225) and grade X (\$91,853). According to state regulations, this person must be at least 21 years of age.

<sup>19</sup> For high quality care, the minimum child/teacher ratio for infants is 1:3. For a classroom of 6 infants, 1 of the teachers must be a lead teacher. Coverage required - 63 hours per week.

<sup>20</sup> For high quality care, the minimum child/teacher ratio for toddlers is 1:4. For a classroom of 12 toddlers, 1 of the teachers must be a lead teacher. Coverage required - 63 hours per week.

<sup>21</sup> For high quality care, the minimum child/teacher ratio for preschoolers is 1:10. For a classroom of 2 preschoolers, 1 of the teachers must be a lead teacher. Coverage required - 63 hours per week. For regular preschool and 29 hours per week for Head Start Afterschool



| <b>Budget for 0-5 Learning Center</b> |  |                        |                            |
|---------------------------------------|--|------------------------|----------------------------|
| <b>Budget Category</b>                |  | <b>Year One Costs:</b> | <b>Annual Maintenance:</b> |
|                                       | <b>Asst. Teacher - preschool classroom (Assoc. Degree in ECE) - 9.69 FTE teachers at \$11/hour.</b>  | \$221,707              | \$221,707                  |
|                                       | <b>Auxiliary Staff -1 full teacher and 1 assistant teacher as part-time subs - estimating average of 3 days each per month</b>                                 | \$7,488                | \$7,488                    |
|                                       | <b>Administrative (Office/clerical) - 1 FTE at \$9.61/hour</b>   | \$19,999               | \$19,999                   |
|                                       | <b>Music Teacher .75 hour of music per preschool class per day, .5 FTE</b>   | \$16,000               | \$16,000                   |
|                                       | <b>Art Teacher .75 hour of art programming per preschool class per day, .5 FTE</b>   | \$16,000               | \$16,000                   |
|                                       | <b>Bookkeeper/Business manager - 1 FTE</b>   | \$33,127               | \$33,127                   |
|                                       | <b>Food Service coordinator - 1FTE at \$11.71/hour<sup>22</sup></b>  | \$24,357               | \$24,357                   |
|                                       | <b>Food Service worker - 1FTE at \$10.71/hour</b>  | \$17,136               | \$17,136                   |
|                                       | <b>Subtotal</b>  | <b>\$1,153,467</b>     | <b>\$1,153,467</b>         |
| <b>Fringe / Benefits<sup>23</sup></b> | <b>29% of FTE for employees over 35 hours/week (Program Director, Lead Teachers, Asst. Teachers, Administrative, Business manager, Food Service personnel)</b> | \$362,542              | \$362,542                  |

<sup>22</sup> Food service positions will plan, purchase for, prepare, serve, and clean up breakfast, lunch, and dinners across Early Learning Center, before/after school care, and overnight care. Food costs are estimated for three meals and snack across Early Learning Center, before/after school care, and overnight care according to Head Start reimbursement guidelines.

<sup>23</sup> Fringe costs are estimated to include FICA (7.4% of FTE), SUTA (0.5% of FTE), Workers Compensation Insurance (0.6% of FTE), Health Insurance (11.42% of FTE), Retirement (4.05% of FTE), and Paid Time Off (5.03% of FTE). Fringe costs may be over-estimated as some teaching positions may be part time and ineligible for benefits.



| <b>Budget for 0-5 Learning Center</b> |   |                        |                            |
|---------------------------------------|---|------------------------|----------------------------|
| <b>Budget Category</b>                |   | <b>Year One Costs:</b> | <b>Annual Maintenance:</b> |
| <b>Contractual<sup>24</sup></b>       | <b>Food</b>   | \$25,000               | \$25,000                   |
|                                       | <b>Professional Development for Teaching Staff</b> (e.g., training, conference attendance, academic scholarships)   | \$10,000               | \$7,500                    |
|                                       | <b>Facility Maintenance</b> (e.g., janitorial, laundry, landscaping)  | \$60,000               | \$60,000                   |
|                                       | <b>Utilities</b> (water, electricity, gas)  | \$36,000               | \$36,000                   |
|                                       | <b>Classroom furniture<sup>25</sup></b><br>Infant start-up per classroom: \$11,117<br>Toddler start-up per classroom: \$8,403<br>Preschool start-up per classroom: \$9,170  | \$94,060               | \$9,400                    |
|                                       | <b>Classroom Supplies</b> (e.g., blocks, dramatic play, music, math and manipulatives, library, writing and language, art, sand/water/sensory, and science) <sup>26</sup><br>Infant start-up per classroom: \$2,274<br>Toddler start-up per classroom: \$3,300<br>Preschool start-up per classroom: \$3,768 | \$33,756               | \$8,439                    |

<sup>24</sup> Transportation is not estimated in this budget. It may possible to make use of pre-existing transportation resources such as those from Head Start and TUSD; however, the Learning Center may instead opt for developing its own transportation fleet, which would require costs associated with the purchase of vehicles, insurance, registration, and maintenance with start-up costs being substantially higher than maintenance costs.

<sup>25</sup> Includes cribs, cots, and bedding. Cribs must comply with 16 CFR Parts 1219, 1220, and 1500.

<sup>26</sup> Classroom supplies, gross motor equipment, and materials for teachers based on Lakeshore sample classrooms located at: [http://www.lakeshorelearning.com/general\\_content/free\\_resources/completeclassrooms.jsp?f=m](http://www.lakeshorelearning.com/general_content/free_resources/completeclassrooms.jsp?f=m); playground equipment and shading estimates based on products from Landscape Structures and Americana Building Products.



| <b>Budget for 0-5 Learning Center</b>                |   |                        |                            |
|--|---|------------------------|----------------------------|
| <b>Budget Category</b>                               |   | <b>Year One Costs:</b> | <b>Annual Maintenance:</b> |
| <b>Supplies, Utilities and Facility Maintenance:</b> | <b>Gross Motor Equipment and Supplies</b><br>Infant start-up per classroom: \$3,159<br>Toddler start-up per classroom: \$528<br>Preschool start-up per classroom: \$189   | \$8,508                | \$2,127                    |
|  | <b>Playground equipment</b> including playground equipment and shade structure<br>Infant start-up: \$1000<br>Toddler start-up: \$25,500<br>Preschool start-up: \$30,000   | \$56,000               | \$5,500                    |
|  | <b>Materials for Teachers</b>   | \$5500                 | \$5500                     |
|  | <b>Office furniture and supplies (including 2 computers and 1 printer)</b>  | \$8,000                | \$1,600                    |
|  | <b>State childcare license for facility with 60+ children<sup>27</sup></b><br>Start-up: \$7,800 (covering 3 years of licensure)<br>Maintaining: \$2,600 annually (\$7,800 every three years)  | \$7,800                | \$2,600                    |
|  | <b>NAEYC Accreditation</b><br>Start-up: \$2,935 (61-120 children) covering 5 years of accreditation<br>Maintaining: \$350 reporting fee annually plus \$2,375 (61-120 children) for renewal in year 6, then \$650 annually thereafter <sup>28</sup> | \$2,935                | \$1000                     |

<sup>27</sup> State licensing fee can be reduced by participation in specific department-approved programs such as Quality First

<sup>28</sup> Fees increase beginning in January, 2015.



| <b>Budget for 0-5 Learning Center</b>         |  |                        |                            |
|---|--|------------------------|----------------------------|
| <b>Budget Category</b>                        |  | <b>Year One Costs:</b> | <b>Annual Maintenance:</b> |
| <b>Administration (e.g., state licensing)</b> | <b>Food establishment licensure</b><br>Start-up: \$480 (plan review) plus \$144 for operating permit <sup>29</sup><br>Maintaining: \$144 annually for operating permit | \$624                  | \$144                      |
| <b>Total</b>                                  |  | <b>\$1,864,182</b>     | <b>\$1,680,809</b>         |

### **Budget for Before and Afterschool Childcare for ages 0-5 and 6-12**

The following budget is based on estimated staffing and resources beyond those required for the Learning Center to provide Before school Childcare (6:30 a.m.- 8:00 a.m.) for 3 infants, 6 toddlers, and 15 preschoolers from the Learning Center, 15 preschoolers who are in Head Start 15 and 20 6-12 year olds and Afterschool Childcare for 6 infants, 12 toddlers, and 30 preschoolers from the Learning Center, and 30 children who are in Head Start (5:00 p.m.- 6:30: p.m.) and 40 6-12 year olds (2:00-6:30 p.m.).

| <b>Budget for Before and Afterschool Childcare for ages 0-5 and 6--12</b> |  |                        |                            |
|---|--|------------------------|----------------------------|
| <b>Budget Category</b>  |  | <b>Year One Costs:</b> | <b>Annual Maintenance:</b> |
| <b>Salary by FTE</b>  | <b>Site Supervisor - .38 FTE at \$33,000 annually</b> <sup>30</sup>                  | \$12,375               | \$12,375                   |
|   | <b>Teacher's Aide/caregiver - 3.38 FTE at \$8.50/hour</b>                            | \$59,670               | \$59,670                   |
| <b>Fringe / Benefits</b> <sup>31</sup>                                    | <b>29% of FTE for employees over 35 hours/week (Site supervisor, teacher's aide)</b> | \$20,893               | \$20,893                   |

<sup>29</sup> Per [http://webcms.pima.gov/UserFiles/Servers/Server\\_6/File/Health/Food%20Safety/pdfs/ConsumerHealthFees2011.pdf](http://webcms.pima.gov/UserFiles/Servers/Server_6/File/Health/Food%20Safety/pdfs/ConsumerHealthFees2011.pdf)

<sup>30</sup> According to AZ regulations, the Center needs someone on duty at all times who meets the minimum requirements to be the designee of the Director. This individual must be at least 21 years of age. A Bachelor's degree is not required but is recommended by the authors to support quality care. Three FTEs of the site supervisor positions are distributed across budgets for Before/Afterschool care and Overnight care to provide all needed coverage. One site supervisor will provide Before and Afterschool care for 3-5 year olds.

<sup>31</sup> See footnote 22.



| <b>Budget for Before and Afterschool Childcare for ages 0-5 and 6--12</b> |  |                        |                            |
|---|--|------------------------|----------------------------|
| <b>Budget Category</b>  |  | <b>Year One Costs:</b> | <b>Annual Maintenance:</b> |
| <b>Supplies, Utilities and Facility Maintenance:</b>                      | <b>Classroom furniture for 6-12 year olds</b>  | \$10,000               | \$1,000                    |
|   | <b>Classroom Supplies for 6-12 year olds (e.g., books, puzzles, computers, art supplies)</b> | \$10,000               | \$1,500                    |
|   | <b>Gross Motor Equipment and Supplies for 6-12 year olds (e.g. sports equipment)</b>         | \$1,600                | \$400                      |
|   | <b>Playground equipment including shade structure</b>  | \$32,500               | \$5,500                    |
| <b>Total</b>  |  | <b>\$147,038</b>       | <b>\$101,338</b>           |

### **Budget for Weekend, Evening and Overnight Childcare for ages 0-12**

The following budget is based on estimated staffing and resources beyond those required for the Learning Center to provide weekend, evening and overnight childcare for one infant room (serving up to four infants), one boy's room (serving up to eight boys) and one girls room (serving up to eight girls).

| <b>Budget for Evening and Overnight Childcare for ages 0-12</b> |  |                        |                            |
|---|--|------------------------|----------------------------|
| <b>Budget Category</b>  |  | <b>Year One Costs:</b> | <b>Annual Maintenance:</b> |
| <b>Salary by FTE</b>  | <b>Site Supervisor - 2.7 FTE at \$33,000 annually <sup>32</sup></b>                  | \$89,100               | \$89,100                   |
|   | <b>Teacher's Aide/caregiver - 2.7 FTE at \$8.50/hour</b>                             | \$47,736               | \$47,736                   |
| <b>Fringe / Benefits<sup>33</sup></b>                           | <b>29% of FTE for employees over 35 hours/week (Site supervisor, teacher's aide)</b> | \$39,682               | \$39,682                   |
| <b>Total</b>  |  | <b>\$176,518</b>       | <b>\$176,518</b>           |

<sup>32</sup> See Footnote 29.

<sup>33</sup> See Footnote 22.



## Appendix 11. Average Daily Charge for Childcare in Pima County

*Pima County Average daily charge per child for full time care (6+ hours) based on 2012 Child Care Market Rate Survey<sup>34</sup>*

|                      |                                | Pima County |
|----------------------|--------------------------------|-------------|
| Children under 1     | Median                         | \$38.00     |
|                      | # Centers estimate is based on | 96          |
| 1 and 2 year olds    | Median                         | \$32.56     |
|                      | # Centers estimate is based on | 146         |
| 3,4, and 5 year olds | Median                         | \$31.00     |
|                      | # Centers estimate is based on | 224         |
| School age           | Median                         | \$27.50     |
|                      | # Centers estimate is based on | 159         |

*Pima County Average daily charge per child for part time care (less than 6 hours) based on 2012 Child Care Market Rate Survey<sup>35</sup>*

|                      |                                | Pima County |
|----------------------|--------------------------------|-------------|
| Children under 1     | Median                         | \$33.40     |
|                      | # Centers estimate is based on | 59          |
| 1 and 2 year olds    | Median                         | \$25.00     |
|                      | # Centers estimate is based on | 126         |
| 3,4, and 5 year olds | Median                         | \$22.20     |
|                      | # Centers estimate is based on | 226         |
| School age           | Median                         | \$18.33     |
|                      | # Centers estimate is based on | 219         |

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<sup>34</sup> Rates computed using average number of children receiving care at reporting centers. Weekly rates divided by number of days of care was provided; hourly rates multiplied by 8

<sup>35</sup> Rates computed using average number of children receiving childcare. Weekly rates divided by the number of days of care was provided; hourly rates multiplied by 8



## Appendix 12. Maximum DES Reimbursement

### Arizona Department of Economic Security Subsidized Child Care Reimbursement Ceiling for 2014 Pima County

The following is from the Arizona Department of Economic Security, Division of Employment & Rehabilitation Services, Child Care Administration: Maximum Reimbursement Rates for Child Care as of 4/1/09 and is based on the 75th percentile of the 2000 Child Care Market Rate Survey:<sup>36</sup>

#### Childcare Centers

| Age group                 | Maximum Daily Reimbursement<br>District II (Pima County) |
|---------------------------|--|
| <b>Birth &lt; 1 yr:</b>   |  |
| Full day                  | \$27.00  |
| Part day                  | \$19.80  |
| <b>1 yr &lt; 3 yrs:</b>   |  |
| Full day                  | \$25.00  |
| Part day                  | 18.16  |
| <b>3 yrs &lt; 6 yrs:</b>  |  |
| Full day                  | \$22.09  |
| Part day                  | \$16.00  |
| <b>6 yrs &lt; 13 yrs:</b> |  |
| Full day                  | \$22.00  |
| Part day                  | \$15.00  |

The actual reimbursement amount is equal to the reimbursement rate minus any DES designated co-payment. However, in no event shall the amount reimbursed exceed the lesser of the provider's actual charges or the maximum reimbursement rate minus any DES designated co-payment.

The maximum reimbursement rates may be increased by ten percent, for child care providers who are nationally accredited.

Full day = six or more hours per day. Part day = less than six hours per day.

36

[https://www.azdes.gov/cms400min/InternetFiles/Reports/pdf/child\\_care\\_max\\_reimbursement\\_rates.pdf](https://www.azdes.gov/cms400min/InternetFiles/Reports/pdf/child_care_max_reimbursement_rates.pdf)



## Appendix 13. Additional Resources for Starting a Child Care Center, Including Funding Sources

The following information is excerpted from the United States Department of Agriculture, National Agricultural Library, Rural Information Center:  
[http://www.nal.usda.gov/ric/ricpubs/rural\\_child\\_care.htm](http://www.nal.usda.gov/ric/ricpubs/rural_child_care.htm)

### Introduction

According to the U.S. Department of Labor, Career Guide to Industries, "Obtaining affordable, quality child day care, especially for children under age 5, is a major concern for many parents, particularly in recent years with the rise in families with two working parents. As the need for child day care has increased, the child day care services industry began to fill the need of non-relative child care."<sup>37</sup> Additionally from the Bureau of Labor Statistics we see just how large the child care profession is through the information in the Occupational Outlook Handbook which states, Child care workers held about 1.3 million jobs in 2008. About 33 percent of child care workers were self-employed; most of these were family child care providers.<sup>38</sup>

This resource guide was originally prepared by Patricia LaCaille John, September, 2005 and revised and updated by Mary Louise Reynnells, July, 2013.

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<sup>37</sup> Bureau of Labor Statistics, U.S. Department of Labor, Career Guide to Industries, 2010-11 Edition, Child Day Care Services, on the Internet at <http://www.bls.gov/oco/cg/cgs032.htm> (visited September 12, 2011)

<sup>38</sup> Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2010-11 Edition, Child Care Workers, on the Internet at: <http://www.bls.gov/oco/pdf/ocos170.pdf> (visited September 12, 2011).



## Starting a Child Care Center

1. *Early Childhood Facilities*. Washington, DC: National Clearinghouse for Educational Facilities, 2005. 28 p.  
<http://www.edfacilities.org/rl/earlychildcenters.cfm>
2. *Faith-based Child Care Resources and Organizations*. Fairfax, VA: National Child Care Information and Technical Assistance Center, Web Resource Listing. April, 2009.  
<http://nccic.acf.hhs.gov/poptopics/faithbased-res.html>
3. *Liability Insurance and the Child Care Center*. Carol Volker. Ames: Iowa State University Extension, 1995. 10 p.  
<http://www.nncc.org/Business/liabil.ins.ccc.html>
4. *Perspectives on Rural Child Care*. Betty A. Beach. ERIC Digest, ED403102, 1997. 4 p. <http://www.ericdigests.org/1997-3/rural.html>
5. *SBA's Online Business Courses*. Washington, DC: Small Business Administration, Web-Based Resource. (Visited Sept. 12, 2011)  
<http://www.sba.gov/category/navigation-structure/counseling-training/online-small-business-training/starting-business>
6. *Starting A Business: Thinking About Starting*. Washington, DC: Small Business Administration. Web-Based Resource. (Visited Sept. 12, 2011)  
<http://www.sba.gov/category/navigation-structure/starting-managing-business/starting-business/thinking-about-starting>
7. *Starting a Child Care Business?; Government Tools and Resources that Can Help*. MP-29. by Caron\_Beesley, Moderator. Washington, DC: U.S. Small Business Administration, Small Business Matters, Community Blog Post. 05/25/2010. Web-Based Resource. (Visited Sept. 12, 2011)  
<http://community.sba.gov/community/blogs/community-blogs/small-business-matters/starting-child-care-business-government-tools-and-resources-can-help>
8. *Starting and Operating a Child Care Business*. Fairfax, VA: National Child Care Information and Technical Assistance Center, (No. 223), MARCH 2011. 24p.  
[http://nccic.acf.hhs.gov/files/resources/business\\_resource\\_guide.pdf](http://nccic.acf.hhs.gov/files/resources/business_resource_guide.pdf)



## Types of Child Care Programs

1. *Choosing Child Care: Child Care Options*. Amy Fackler. Boise, ID: Healthwise, Inc., 2003. 3 p.  
[http://www.pamf.org/health/healthinfo/index.cfm?section=healthinfo&page=article&sgml\\_id=aa43308](http://www.pamf.org/health/healthinfo/index.cfm?section=healthinfo&page=article&sgml_id=aa43308)
2. *An Overview: The Different Types of Child Care*. Washington State Child Care Resources and Referral Network.  
<http://www.childcarenet.org/families/types-of-care>. Online Publication viewed in March 2010.
3. *Types of Child Care*. Child Care Resources Handbook. Washington, DC: United States Office of Personnel Management.  
[http://opm.gov/Employment\\_and\\_Benefits/WorkLife/OfficialDocuments/HandbooksGuides/ChildcareResources/cchb501.asp](http://opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/HandbooksGuides/ChildcareResources/cchb501.asp) Online Publication, viewed in March of 2010

## Child Care Partnerships and Cooperatives

1. *About Cooperatives: Childcare and Preschools*. Washington, DC: National Cooperative Business Association. Web-Based resource. (Visited Sept. 13, 2011), <http://www.ncba.coop/ncba/about-coops/co-op-sectors/43-child-care-and-preschool>
2. *Child Care That Works: Child Care Cooperatives*. Lesia Oesterreich. PM 1808. Ames: Iowa State University, University Extension, 1999. 2 p.  
<http://www.extension.iastate.edu/publications/pm1808.pdf>
3. *A Guide to Successful Public-Private Partnerships for Child Care*. Fairfax, VA: National Child Care Information and Technical Assistance Center, n.d. 23 p.  
<http://nccic.acf.hhs.gov/library/index.cfm?do=oll.viewitem&itemid=17935>
4. *Public-Private Partnerships in Child Care*. Fairfax, VA: National Child Care Information and Technical Assistance Center, 2004. 11 p.  
<http://nccic.acf.hhs.gov/poptopics/public-private.html>
5. *Summary of Child Care Co-op Organizing Steps*. Coontz, E. Kim. Davis, CA: California Center for Cooperative Development, 1p. Web-based resource. (Visited Sept. 13, 2011)  
<http://www.cccd.coop/files/starting%20a%20child%20care%20coop%20info%20sheet.pdf>



## Family Child Care Providers

1. *Liability Insurance and the Family Child Care Provider*. Brenda Cude, Carol Volker. NCR 395. Ames: Iowa State University Extension, 1993. 12 p. <http://www.nncc.org/Business/liabil.ins.fcc.html>
2. *Rural Families Choose Home-Based Child Care*. Smith, Kristin. Perspectives: On Poverty, Policy, & Place, Vol.4, No.1; 2007. Page 2. <http://www.rupri.org/Forms/Perspectivesvol4n1.pdf#page=2>

*Supporting Quality in Family Child Care*. Fairfax, VA: National Child Care Information and Technical Assistance Center, November, 2010. 7 p.  
[http://nccic.acf.hhs.gov/print/poptopics/quality\\_familychildcare.html](http://nccic.acf.hhs.gov/print/poptopics/quality_familychildcare.html)

## Employer Sponsored Child Care

1. *Employer-Support Child Care*. Fairfax, VA: National Child Care Information and Technical Assistance Center, 2005. 6 p.  
<http://nccic.acf.hhs.gov/poptopics/employersupportedcc.html>
2. *Employer Toolkit Template*. Fairfax, VA: National Child Care Information and Technical Assistance Center, 2005. 63 p.  
<http://nccic.acf.hhs.gov/library/index.cfm?do=oll.viewitem&itemid=3777>
3. *Kids at Work: The Value of Employer-Sponsored On-Site Child Care Centers*. Connelly, Rachel, Deborah S. DeGraff, and Rachel A. Willis. Kalamazoo, MI: Bowdoin College W.E. Upjohn Institute for Employment Research, 2004. 175 p.  
<http://www.upjohninst.org/publications/titles/kaw.html>

## Funding Sources

When starting a funding search you may want to review all possible options that could be used for child care programs including, federal, state, and private resources. Child Care providers may want to review the items in this guide to assist in developing a list of possible resources.



Federal  
*Child Care Facilities*

**U.S. Department of Agriculture (USDA)** The Rural Development, <http://www.rurdev.usda.gov>, (RHS) has a Community Facilities funding program available for non profits or local governments that can support child care facilities. [http://www.rurdev.usda.gov/HCF\\_CF.html](http://www.rurdev.usda.gov/HCF_CF.html)

Additionally, there are Business Programs that may also assist child care business programs, <http://www.rurdev.usda.gov/Business.html> To determine eligibility or to apply for any of the Rural Development programs, contact your state or local Rural Development Office, [http://www.rurdev.usda.gov/recd\\_map.html](http://www.rurdev.usda.gov/recd_map.html).

**U.S. Department of Health and Human Services (DHHS)** has funding programs that support child care services. The Child Care Bureau, <http://www.acf.hhs.gov/programs/ccb/> has several funding programs for child care facilities.

Details and contact information for the programs below are available in our [Federal Funding Sources for Rural Areas Database](#). Please search in the database by name or number for more information. Also, check with your state contact listed below for more information.

- Child Care and Development Block Grant(93.575)
- Child Care Mandatory and Matching Funds of the Child Care and Development Fund (93.596)
  - State Child Care and Development Fund Contacts, <http://nccic.acf.hhs.gov/statedata/dirs/display.cfm?title=ccdf>

**U.S. Department of Housing and Urban Development (HUD)** supports child care facilities near or within public housing, EZ/EC's, or low-income areas through facility construction using block grants, programs, and networks. To determine eligibility or to apply for any of the programs listed below, contact your state HUD office.

<http://portal.hud.gov/portal/page/portal/HUD/states>

- Community Development Block Grants (CDBG), [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/programs](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/programs)



- **Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC) program**  
<http://www.oup.org/programs/aboutANNHIAC.asp>  
**Historically Black Colleges and Universities (HBCU) Program**  
<http://www.oup.org/programs/aboutHBCU.asp>  
**Hispanic-Serving Institutions Assisting Communities (HSIAC) Program** <http://www.oup.org/programs/aboutHSIAC.asp>  
**Tribal Colleges and Universities Program (TCUP)**  
<http://www.oup.org/programs/aboutTCUP.asp>  
 These programs provide funding for community needs and services, including construction of local community facilities and providing child care and after-school services through these institutions.
- Neighborhood Networks,  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/nnw](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/nnw)
  - State Center Locations  
<http://www-domino4.hud.gov/NN/contacts.nsf/centersearch?OpenForm>

**U.S. Small Business Administration (SBA)** provides small businesses financing options, technical assistance, and child care resource information. Check you local SBA offices at <http://www.sba.gov/localresources/index.html> for more information and applications.

- SBA's Loans, Grants, and Funding page, <http://www.sba.gov/category/navigation-structure/starting-managing-business/starting-business/loans-grants-funding> provides details on all their financial programs.
- SBA's Starting and Managing a Business, <http://www.sba.gov/category/navigation-structure/starting-managing-business>, provides links to all the basics information on business startup, planning, financing and managing.  
**SBA Answer Desk: 800-827-5722 and email: [answerdesk@sba.gov](mailto:answerdesk@sba.gov)**  
**SBA Disaster Loans: 800-659-2955 and email: [disastercustomerservice@sba.gov](mailto:disastercustomerservice@sba.gov)**
- SBA's Office of Women's Business Ownership provides Women with specific business assistance and training <http://www.sba.gov/about-offices-content/1/2895>.



**U.S. General Services Administration**, Donation of Federal Surplus Personal Property Program (39.003) allows for the donation of surplus federal personal property (computers etc.) to state and local public agencies and qualifying nonprofits. Contact this program at: [fedassetsales@gsa.gov](mailto:fedassetsales@gsa.gov)  
<http://www.govsales.gov/html/index.htm>.

The **U.S. Department of Justice**, Civil Rights Division, Disability Rights Section provides information to child care centers regarding compliance to the Americans with Disabilities Act. This program has an **ADA Information Line (1-800-514-0301)** that provides answers to general and technical questions about ADA compliance.

- Child Care Centers and the Americans with Disabilities Act, <http://www.ada.gov/chcaflyr.htm>
- Commonly Asked Questions about Child Care Centers and the Americans with Disabilities Act, <http://www.ada.gov/childq%26a.htm>
- ADA National Network Contacts for local ADA Centers <http://www.adata.org/network/index.html>

#### *Food Programs*

The **U.S. Department of Agriculture** also has funding programs that support child care centers and family day care homes by providing assistance through the Food and Nutrition Service food programs. To determine eligibility or to apply for the program listed below, contact your state agency that administers the Child Nutrition Programs,  
<http://www.fns.usda.gov/cnd/Contacts/StateDirectory.htm>.

- **Child and Adult Care Food Program** provides meals and/or after-school snacks <http://www.fns.usda.gov/cnd/care/default.htm>.

#### *Child Care/Youth and After-School Programs*

- **AfterSchool.gov**, <http://www.afterschool.gov> "one-stop website connecting the public, and particularly afterschool providers, to federal resources that support children and youth during out-of-school time."
  - After-School Transportation Programs, [http://www.afterschool.gov/xhtml/topic/t\\_14.html](http://www.afterschool.gov/xhtml/topic/t_14.html)
- **Childcare.gov**, <http://www.childcare.gov/> "A comprehensive online resource designed to link parents, child care providers, researchers,



policymakers and the general public with Federal Government sponsored child care and early learning information and resources both quickly and easily." From the U.S. Department of Health and Human Services.

ChildCare.gov

U.S. Department of Health and Human Services

Administration for Children and Families

370 L'Enfant Promenade, SW

Washington, D.C. 20447

**U.S. Department of Health and Human Services (DHHS)** Office of Head Start, <http://www.acf.hhs.gov/programs/ohs/> has programs that assist with nutrition, health, and education readiness for young children. To determine eligibility or to apply for any of the programs listed below, contact your regional office or the National Child Care Information and Technical Assistance Center, <http://nccic.acf.hhs.gov/>.

- Early Head Start National Resource Center, <http://www.ehsnrc.org/>
  - Head Start Locator:  
<http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>
- Migrant and Seasonal Head Start Quality Improvement Centers, <http://www.mhsqic.org/>
- Financing Strategies For Early Care and Education, <http://nccic.acf.hhs.gov/poptopics/funding.html>

**U.S. Department of Education** programs that assist with child care efforts:

- The 21st Century Community Learning Centers (84.287) program offers an after-school environment that provides enrichment opportunities for children.  
<http://www.ed.gov/programs/21stccclc/index.html>
- The Child Care Access Means Parents in School (84.335) program provides funding to support or establish child care programs serving low-income students enrolled in college. Only institutions of higher education are eligible.  
<http://www2.ed.gov/programs/campisp/index.html>

**U.S. Department of Justice**, Office of Juvenile Justice and Delinquency Prevention has funding programs available that assist with the crime prevention aspect that some after-school care programs address. These programs are mainly set up for public entities, established youth programs and nonprofit organizations focusing on crime prevention in their communities. <http://www.ojp.usdoj.gov/programs/juvjustice.htm>



### *Additional After-School Program Resources:*

- Out-of-School Time Project Overview. Washington, DC: The Finance Project.  
<http://www.financeproject.org/index.cfm?page=25>

#### *Native American Programs*

- Family and Child Education (FACE), Bureau of Indian Education (BIE) "FACE was initiated in 1990, and currently has programs in 44 Bureau of Indian Education (BIE) funded schools. It was designed as a family literacy program; an integrated model for an early childhood/parental involvement program for American Indian families in BIE-funded schools."  
<http://www.faceresources.org/>
- Indian Head Start Program, Indian Health Service, DHHS  
<http://www.ihs.gov/NonMedicalPrograms/HeadStart/index.cfm>
- Native American Employment and Training Program (17.265), ETA, DOL  
Employment and Training Administration Division of Indian and Native American Programs (DINAP) <http://www.doleta.gov/dinap/>
- Tribal Child Care Assistance Center(TriTAC), Child Care Bureau, DHHS <http://nccic.org/tribal/>
- Tribal Child Care Facilities: A Guide to Construction and Renovation, Child Care Bureau, DHHS  
<http://www.nccic.org/tribal/construction/>.

#### *Additional Resources*

- **Financing and Sustaining Out-of-School Time Programs in Rural Communities.** Kate Sandel and Soumya Bhat. Washington, DC: The Finance Project, January 2008. 36p.  
<http://www.financeproject.org/publications/OSTRuralYouth.pdf>
- National Network for Child Care. Supported by Cooperation Extension System. <http://www.nncc.org>
- Resources for Child Care Providers by Child Care Bureau.  
<http://www.acf.hhs.gov/programs/ccb/providers/index.htm>



## State

Consult the child care resources and referral agency in your area for information on available state funding and/or technical assistance programs, licensing and regulations.

- Child Care Information by State: Licensing, Statistical Data, and Program Contacts. Ames, IA: National Network for Child Care.  
<http://www.nccc.org/states/stateindex.html>
- State Child Care Profiles. Fairfax, VA: National Child Care Information and Technical Assistance Center.  
<http://nccic.acf.hhs.gov/statedata/statepro/index.html>

## Private

*Most private funding is available to organizations and government entities*

- Annie E. Casey Foundation, Baltimore, MD.  
<http://www.aecf.org/AboutUs/GrantInformation.aspx>
- Charles Stewart Mott Foundation, Flint, MI.  
<http://www.mott.org/grantseeker.aspx>
- The David and Lucile Packard Foundation, Los Altos, CA.  
<http://www.packard.org/what-we-fund/children-families-and-communities/>
- **Foundations Supporting Early Childhood Care and Education**, Fairfax, VA: National Child Care Information and Technical Assistance Center, 2005, updated March 2011. 5p.p.  
<http://nccic.acf.hhs.gov/poptopics/foundations.html>

## *Technical Assistance*

- Local Initiatives Support Collaboration (LISC), New York, NY.  
<http://www.lisc.org/>
  - LISC's Community Investment Collaboration for Kids (CICK),  
<http://www.lisc.org/section/ourwork/national/cick>
- Rural LISC Partnership, Washington, DC.  
<http://www.ruralisc.org/partners/partners.htm>

## Funding Guides

- "Child Care Financing," **Child Care Bulletin**. 10 (July/Aug 1996) 17 p.  
<http://nccic.acf.hhs.gov/ccb/issue10.html>



- "Financial Resources for Child Care." April Kaplan. **Welfare Information Network Issue Notes**. 2, No. 6 (1998): 10 p.  
<http://www.financeproject.org/Publications/issuechild.htm>
- **Finding Resources To Support Rural Out-of-School Initiatives**, Elisabeth Wright. *Strategy Brief*. Washington, DC: The Finance Project, Vol. 4, No. 1, February 2003. 20p.  
<http://www.financeproject.org/Publications/ruralost.pdf>
- Financing the Early Care and Education System. Fairfax, VA: National Child Care Information and Technical Assistance Center, 2005.  
<http://nccic.acf.hhs.gov/poptopics/funding.html>

### **Milestones for Childhood Development**

1. *Developmental Milestones*.  
<http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

This Web site includes seven Milestone resources for children ages 3 months to 5 years. Parents and providers can obtain free information on these milestones through the *Learn the Signs. Act Early*. Public Outreach Campaign. The Rural Information Center is a partner in this campaign.

2. Child Development Resources For Parents And Providers.  
<http://nccic.acf.hhs.gov/poptopics/childdev-res.pdf>  
NCCIC Resource Guide. Fairfax, VA: National Child Care Information and Technical Assistance Center, July 2009. 22p.

### **Child Care Statistics/Data**

1. Child Daycare Services. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. <http://www.bls.gov/oco/cg/cgs032.htm>
2. Child Research Data and publications. Washington, DC: Children Defense Fund. <http://www.childrensdefense.org/child-research-data-publications/>
3. ChildStats.gov, Washington, DC. <http://www.childstats.gov/>
4. Kids Count Initiative. Baltimore, MD: The Annie E. Casey Foundation. <http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx>



## **Journals**

### **Child Care Bulletin**

National Child Care Information and Technical Assistance Center

<http://nccic.acf.hhs.gov/ccb/index.html>

### **The Future of Children**

The David and Lucile Packard Foundation

<http://www.futureofchildren.org/>

## **Organizations**

### **Children's Defense Fund**

25 E Street N.W.

Washington, DC 20001

202-628-8787

Email: [cdfinfo@childrensdefense.org](mailto:cdfinfo@childrensdefense.org)

<http://www.childrensdefense.org/>

### **National Association for Family Child Care**

5202 Pinemont Drive

Salt Lake City, UT 84123

801-269-9338

Email: [nafcc@nafcc.org](mailto:nafcc@nafcc.org)

<http://www.nafcc.org/>

### **National Center for Rural Early Childhood Learning Initiatives**

46 Blackjack Road

P.O. Box 6013

Mississippi State, MS 39762

662-325-4954

Fax: 662-325-5436

<http://ruralec.msstate.edu/>

### **Office of Child Care, Child Care Technical Assistance Network**

Office of Child Care (OCC)

370 L'Enfant Promenade, S.W. 5th Floor East

Washington, DC 20447

Email: Use the form on their site <http://childcare.gov/contact>

<http://childcare.gov/>



**USDA, Rural Information Center**

National Agricultural Library

10301 Baltimore Ave., Room 123

Beltsville, MD 20705-2351

[ric@ars.usda.gov](mailto:ric@ars.usda.gov)

1-800-633-7701

