Family Child Care Homes (FCCH)

Program-Wide PBS Benchmarks of Quality

Provider(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant(s) Name(s)s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Critical Elements** | **Benchmarks of Quality (BOQ)** | **Check One** |
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| **Not in Place****0** | **Partially in Place****1** | **In Place****2** |
| **Establish and Maintain a Plan for Implementation** | 1. Provider is committed to active problem-solving including regular contact with consultant(s) to ensure the successful implementation of Pyramid Model practices using a signed written agreement with the consultant(s). (A review of provider attitudes is found in Implementation Guide, Module 1, Section B.)
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| 1. Provider has established a clear mission/purpose and is able to explain the purpose the purpose of the Pyramid Model.
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| 1. Provider meets regularly with consultant(s), at least once per month for a minimum of 1 hour. Meetings are face-to-face at least half of the time.
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| 1. An Implementation Plan that includes all critical elements in the BOQ and using the FCC Implementation Guide is established. A written implementation plan guides the work of the family child care provider. The plan is reviewed and updated each month. Action steps are identified to ensure achievement of the goals.
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| 1. The family child care provider reviews and revises the plan at least annually and shares the goals and activities with families.
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| **Critical Elements** | **Benchmarks of Quality (BOQ)** | **Check One** |
| **Not in Place****0** | **Partially in Place****1** | **In Place****2** |
| **Family Involvement**(Use Implementation Guide, Module 1, parts of Sections A and C for these benchmarks.) | 1. Family input is solicited as part of the planning process. Families are informed of the provider’s adoption and implementation of Pyramid Model practices, and asked to provide feedback.
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| 1. There is more than one opportunity to share the Pyramid Model plan with families including “notes sent home,” conversations with families, conferences, and parent meetings to ensure that all families are informed of the initiative.
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| 1. Families are involved in developing individualized plans to support children who need specific support, including the development of strategies that may be used in the child’s home.
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| 1. Provider refers families to outside, community-based training to address challenging behaviors and promote social emotional competence. (CSEFEL provides a 6-part family training on the Pyramid Model. (For preschool age children, see <http://csefel.vanderbilt.edu/resources/training_parent.html>. For infants and toddlers, see <http://csefel.vanderbilt.edu/resources/training_piwi.html>.)
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| **Behavioral Expectations**(Use Implementation Guide, Module 1, Section H for these benchmarks.) | 1. 2-5 positively stated behavioral expectations are developed.
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| 1. Expectations are written in a way that apply to both children and adults.
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| 1. Expectations are developmentally appropriate and linked to concrete rules for behavior within activities and settings.
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| 1. Expectations are posted in the home, visible to adults and children
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| **Strategies for Teaching and Acknowledging the Behavioral Expectations**(Use Implementation Guide, Module 1, Section H for these benchmarks.) | 1. Teaching of expectations is done within group activities and in individual interactions with children.
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| 1. A variety of teaching strategies are used: teaching the concept, talking about examples and non-examples, scaffolding children’s use of the expectations in the context of ongoing activities and routines. Instruction on expectations and rules occurs on a daily basis.
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| 1. Provider (and other adults who interact with children) use developmentally appropriate strategies to acknowledge children’s understanding and following of the expectations.
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| **Critical Elements** | **Benchmarks of Quality (BOQ)** | **Check One** |
| --- | --- | --- |
| **Not in Place****0** | **Partially in Place****1** | **In Place****2** |
| **Implementation of the Pyramid Model is Demonstrated in All Environments** | 1. Provider have strategies in place to promote positive relationships with children, with other adults, and with families, on a daily basis. (Use Implementation Guide, Module 1, Sections C, J and K.)
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| 1. Provider has arranged environments and materials to social-emotional development and guides appropriate behavior. (Use Implementation Guide, Module 1, Sections D, E and F, and Module 2, Section M.)
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| 1. Provider does effectively teaches social and emotional skills within daily activities and in a manner that is meaningful to children and promotes skill acquisition. (Use Implementation Guide, Module 2, Sections L, O and P.)
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| 1. Provider responds to children’s problem behavior appropriately using evidence-based approaches that are positive and provide the child with guidance about the desired appropriate behavior. (Use Implementation Guide, Module 1, Section D.)
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| 1. Provider offers targeted social emotional teaching to individual children who are at-risk for challenging behavior. (Use Implementation Guide, Module 1, Section H.)
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| 1. Provider initiates the development of an individualized plan of behavior support for children with persistent challenging behavior, with the support of the consultant or outside expert. (Use Implementation Guide, Module 2, Section N. Possible form to use is the “[Teacher’s Support Planning Sheet](http://challengingbehavior.fmhi.usf.edu/do/resources/teaching_tools/toc/folder1/1f_teacher_support.doc)” [File F] found on [www.challengingbehavior.org](http://www.challengingbehavior.org).)
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| **Procedures for Responding to Challenging Behavior** | 1. Provider uses evidence-based approaches to respond to problem behavior in a manner that is developmentally appropriate and teaches the child the expected behavior. (Use Implementation Guide, Module 2, Sections N and P.)
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| 1. A process is developed, with help from the consultant, for responding to persistent or challenging behavior using individualized intensive interventions as part of a behavioral support plan. (Use Behavior Incident Reports as part of the process.)
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| 1. Provider has identified outsiders with behavioral expertise who are able to advise and coach the provider and family members throughout the process of developing and implementing individualized intensive interventions for children in need of behavior support plans.
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| 1. A process for problem solving around persistent and challenging behavior is developed. The provider, with outside support, uses Behavior Incident Reports to document and analyze behavior, and to develop ideas for addressing the behavior within the home. (Possible forms to use are the “[Teacher’s Support Planning Sheet](http://challengingbehavior.fmhi.usf.edu/do/resources/teaching_tools/toc/folder1/1f_teacher_support.doc)” [File F], the “[Routine Based Support Guide](http://challengingbehavior.fmhi.usf.edu/do/resources/teaching_tools/toc/folder1/1e_routine_based.pdf)” [File E], and “[Daily Routine](http://challengingbehavior.fmhi.usf.edu/do/resources/teaching_tools/toc/folder1/1d_daily_routine.pdf)” [File D] found on [www.challengingbehavior.org](http://www.challengingbehavior.org).)
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| **Procedures for Responding to Challenging Behavior** (continued) | 1. Provider can identify the steps for initiating the team-based process (including family members, outside experts and the consultant). If a child’s behavior requires more intensive intervention, the provider has begun using the steps to initiate the process.
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| **Professional Development Plan** | 1. A plan for providing ongoing training, coaching, and support on the Pyramid Model practices is developed and implemented.
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| 1. A data-driven coaching model is used to assist the provider with implementing the Pyramid Model practices to fidelity.
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| 1. The training, coaching and support plan is incorporated into the providers individualized professional development plans.
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| **Monitoring Implementation and Outcomes** | 1. Process for measuring implementation fidelity is used (e.g., starting with FCC Implementation Guide) by the consultant with the provider.
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| 1. Process for measuring child outcomes is developed (e.g., ASQ-SE, Teaching Strategies GOLD, etc.)
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| 1. Data are collected and summarized, including other assessment instruments such as FCCERS-R, NAFCC Accreditation, etc.
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| 1. Data are shared with consultants and families.
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| 1. Data are connected by providers and consultants to the data-driven coaching model process. They are used for ongoing monitoring, problem solving, ensuring child response to interventions, and program improvement.
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| 1. Data are used to update and revise the Implementation Plan (see #5).
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