



# Family Child Care Home (FCCH) Program-Wide PBS Benchmarks of Quality

Lise Fox, Rochelle Lentini, Anna Winneker, and Tweety Yates

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

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Team Members: \_\_\_\_\_

Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
<b>Establish and Maintain a Plan for Implementation</b>	1. Leader (owner/provider) has committed to and is visibly supportive of the implementation of the Pyramid Model.			
	2. Provider has established a clear mission or purpose related to the Pyramid Model and developed a written mission statement. All staff (when applicable in large FCCH) can clearly communicate the purpose of the Pyramid Model.			
	3. An implementation plan that includes all critical elements is established. A written implementation plan guides the work of the FCCH. The plan is reviewed and updated on a regular basis (planning with staff in large FCCH). Action steps are identified to ensure achievement of the goals.			
	4. Provider (and staff when applicable) are supportive of the use of the Pyramid Model promotion, prevention, and intervention practices in a manner that is culturally responsive and includes examining implicit bias.			
	5. Provider has a child discipline policy that includes the promotion of social and emotional skills and the use of positive guidance and prevention practices and makes a commitment to the elimination of suspension and expulsion.			
<b>Family Engagement</b>	6. Family input is solicited as part of the planning and decision-making process. Families are informed of the initiative and asked to provide feedback on the Pyramid Model implementation.			
	7. Family engagement is supported through a variety of mechanisms including home teaching suggestions, information on supporting social-emotional development, and the strategies used in the program. Information is shared through a variety of formats (e.g., meetings, home visits, discussions, newsletters, open house, websites or social media, family friendly handouts, workshops, roll-out events).			
	8. Families are involved in planning for individual children in a meaningful and proactive way. Families are encouraged to team with FCCH staff in the development of individualized plans of support for children including the development of strategies that might be used in the home and community.			

Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
<b>Program Expectations</b>	9. 2-5 positively stated program wide expectations are developed with input from program staff and families.			
	10. Expectations are written in a way that applies to both children and staff. When expectations are discussed, the application of expectations to program staff and children is acknowledged.			
	11. Expectations are developmentally appropriate and linked to concrete rules for behavior within activities and settings.			
	12. Expectations are posted in all learning areas (e.g., indoors and outside) and in common areas in ways that are meaningful to children, staff, and families.			
	13. Instruction on expectations is embedded throughout the day using a variety of teaching strategies within large group activities, small group activities, and individual interactions with children. Instruction occurs daily.			
	14. The provider and staff regularly acknowledge child engagement in expectations and rules in a developmentally appropriate manner.			
<b>Professional Development</b>	15. Practice-based coaching is used to assist providers with implementing Pyramid Model practices to fidelity.			
	16. A plan for providing ongoing support, training, and coaching in the FCCH on the Pyramid Model including culturally responsive practices and implicit bias is developed and implemented.			
	17. A needs assessment and/or observation tool is used to determine training needs on Pyramid Model practices.			
<b>Implementation of Pyramid Practices</b>	18. Provider and program staff are proficient at teaching social and emotional skills within daily activities in a manner that is meaningful to children and promotes skill acquisition.			
	19. Provider and program staff respond to children’s challenging behavior appropriately using evidence-based approaches that are positive and provide the child with guidance about the desired appropriate behavior.			
	20. Provider and program staff provide targeted social emotional teaching to individual children or small groups of children who are at-risk for challenging behavior.			
<b>Procedures for Responding to Challenging Behavior</b>	21. Strategies for responding to children’s challenging behavior are developed. Provider and staff use evidence-based approaches that are positive, sensitive to family values, culture, and home language, and provide the child with guidance about the desired appropriate behavior and program-wide expectations.			
	22. Provider has received training related to potential bias when responding to behavior challenges and have strategies to reflect on their responses to individual children.			

**Family Child Care Home (FCCH) Program-Wide PBS Benchmarks of Quality**

<b>Critical Elements</b>	<b>Benchmarks of Quality</b>	<b>Check One</b>		
		<b>Not in Place 0</b>	<b>Partially in Place 1</b>	<b>In Place 2</b>
<i>Procedures for Responding to Challenging Behavior (continued)</i>	23. A process for responding to crisis situations related to challenging behavior is developed.			
	24. A team-based process for addressing individual children with persistent challenging behavior is developed. Provider and staff can identify the steps for the process including fostering the participation of the family in the development of a plan.			
	25. Provider and program staff develop an individualized plan of behavior support for children with persistent challenging behavior.			
	26. Provider and staff initiate family contact and partner with the family to develop strategies to prevent challenging behavior and promote social- emotional skills.			
<b>Monitoring Implementation and Outcomes</b>	27. Implementation fidelity is measured regularly using the Benchmarks of Quality and a practice fidelity self-assessment or observation.			
	28. The provider collects data on child outcomes (e.g., behavior incidents, child engagement).			
	29. Data are collected and summarized.			
	30. Data are shared with program staff and families.			
	31. Data are used for ongoing monitoring, problem solving, ensuring child response to intervention, and program improvement.			